

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Original Copy

## Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

L BIA

Invoice No. : AP/24-25/332  
 Date of Invoice : 11-05-2024  
 Place of Supply : Karnataka (29)  
 SR/RR No. :  
 PO NO. : 26184-3

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 08-05-2024

**Billed to :**  
 DCDC TALUKA HOSPITAL KUMTA  
 DIALYSIS UNIT, TALUKA GOVT. HOSPITAL BAG

**Shipped to :**  
 DCDC TALUKA HOSPITAL KUMTA  
 DIALYSIS UNIT , TALUKA HOSPITAL  
 BAGGON CROSS , KUMTA  
 KARNATKA - 581343

Party Mobile No :  
 GSTIN / UIN :  
 D.L. No. :

Party Mobile No : 9482001023  
 GSTIN / UIN :  
 D.L. No. :

KUMTA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount( )
1	10	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	2,576.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,050.20

Stock/No. of Boxes Received 1 box  
 Subject to Physical Check  
 Name/Employee Code DC03A37  
 Centre Name T.H. KUMTA  
 Date/Time 11-05-2024 at 11:30am  
 Signature [Signature] M. No. 9482001023



Total 3,626.20

Less : Rounded Off (-)

0.20

10.00 0.00

Grand Total

3,626.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,300.000	276.000	276.000
18%	890.000	160.200	160.200
<b>Total</b>	<b>3,190.000</b>	<b>436.200</b>	<b>436.200</b>

Rupees Three Thousand Six Hundred Twenty Six Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; Conditions

E. &amp; O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory

