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vat. 104 19

**TAX INVOICE**  
**FAITH MICROSOLUTIONS ! DEPOT**

Original For Recipient



ADDRESS NO. 436, GROUND FLOOR, ROSHAN PUR DORLI, BOORKEY ROAD, MODIPURAM, MEERUT - 250110 (U.P)  
 ITC No. 0914092921, Tel No. : 0121-2972821/2972822E-mail : andhemerprises@andhpharma.com

GSTIN 09AADFF8645D12D DL No.1 UP1520B000384/20B  
 CIN DL No.2 UP1521B000383/21B  
 PAN No. AADFF8645D

Tax @ Payable Co- Reverse Charge : No  
 Invoice No. JHW075285  
 Invoice Date 18/08/2023  
 State UTTAR PRADESH State Code : 09  
 Transportation Mode OM LOGISTICS  
 Vehicle No.  
 Date of Supply 10/08/2023  
 Place of Supply Delhi  
 Order No. 42-082023-22457  
 Order Date : 07/08/2023  
 Total Gross Due Date : 09/10/2023  
 CR/LR No.  
 GR/IR Date

**Details of Receiver (Billed to)**  
 Name: CCDC HEALTH SERVICE PVT. LTD.  
 Address: C-126, MAYAPURI INDUSTRIAL AREA PHASE - 2, MAYAPURI, NEW DELHI - 110064  
 State Code : 07  
 GSTIN No. NA  
 Mobile/Phone 011-45581006

**Details of Consignor (Shipped to)**  
 CCDC Health Service Pvt. Ltd. @ Regional Hospital Una  
 REGIONAL HOSPITAL UNA Hamirpur Road, 174302  
 Contact No : 9506827744

S. No	Description of Goods	HSN Code /SAC	Packing	Batch	Mfg. Dt.	Qty	Free Qty	Rate	PTR	MRP	Total Value	Disc %	Taxable Value	IGST	
					Exp. Dt.									Rate (%)	Amount
1	MSL 780 500mg 4x12 200's box	3009400	1, TR	PHS13-23	Aug-23 31-23	15.00	0.00	570.00	1308.47	6300.00	9120.00	0.00	9120.00	18.00	1641.60
											9120.00		1641.60		10761.60

CCDC HSP, CENTRE-REGIONAL HOSPITAL, UNA  
**MATERIAL RECEIVED**  
 DATE 19/8/23 No of box 8 box  
 TIME 3:02 PM RECEIVED BY [Signature]

Invoice Total **10762.00**

Total Gross value 9120.00  
 Add IGST 1641.60  
 Round Off 0.40

Invoice Value in words: Ten Thousand Seven Hundred Sixty Two Only

Bank Details: Bank Name: HDFC BANK, Bank Account No: 5030001074121, IFSC Code: HDFC000144

**TERMS & CONDITION OF SALE**  
 1. All Dispute Subject to Delhi Jurisdiction only.  
 2. 8% GST and Central Excise attract 18% on net VA.  
 3. Goods once supplied shall not be returned.

**FAITH MICROSOLUTIONS ! DEPOT**

Signature: [Signature]  
 Name: [Name]  
 Designation: [Designation]