

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

Invoice No. : AP/24-25/425  
 Date of Invoice : 06-06-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 26332

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 04-06-2024

**Billed to :**

DCDC TALUKA HOSPITAL HANGAL  
 DIALYSIS UNIT, TALUKA GOVT. HOSPITAL HAN

**Shipped to :**

DCDC TALUKA HOSPITAL HANGAL  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 HANGAL , KARNATKA - 581104

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

Party Mobile No : 9113647411  
 GSTIN / UIN :  
 D.L. No. :

HANGAL

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		IV SET-ECO	9018	HCR23030.	Feb-2027	0.00	6.50	0.00%	12%	1,456.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	885.00

Total 2,341.00

200.00 0.00

Grand Total ₹ 2,341.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,300.000	156.000	156.000
18%	750.000	135.000	135.000
<b>Total</b>	<b>2,050.000</b>	<b>291.000</b>	<b>291.000</b>

Rupees Two Thousand Three Hundred Forty One Only

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

## Terms &amp; Conditions

E.&amp; O.E.

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

Receiver's Signature :

For Anil Pharma

Authorised Signatory

Stock/No. of Boxes Received ..... 01 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name ..... HANGAL .....  
 Date/Time ..... 06/06/24 .....  
 Signature ..... M. No. ....