

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

Invoice No. : AP/24-25/1169
Date of Invoice : 09-09-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27371

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-09-2024

Billed to :

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

Shipped to :

DCDC TALUKA HOSPITAL HANGAL
DIALYSIS UNIT, TALUKA HOSPITAL
HANGAL, KARNATAKA - 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	300	0		IV SET-ECO	90183990	ELPL/03/32	Feb-2027	0.00	6.50	0.00%	12%	2,184.00
2	24	0		PAPER TAPE 2" 9.1MTR	30059060	MST211111-	Oct-2026	0.00	46.60	0.00%	12%	1,252.61
3	6	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A1101024B0	Jan-2029	0.00	175.00	0.00%	12%	1,176.00
4	1	0	1*100	GB MAXIM 5ML SYRINGE	90183100	A1052124F0	May-2029	0.00	195.00	0.00%	12%	218.40
5	300	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
6	300	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	2,352.00
7	300	0		NON WOVEN BED SHEET	63071030			0.00	13.00	0.00%	5%	4,095.00
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,622.50

Total 15,252.51

*Add : Rounded Off (+)

0.49

1,231.00 0.00

Grand Total ₹ 15,253.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,513.400	1,021.608	1,021.608
5%	3,900.000	195.000	195.000
18%	1,375.000	247.500	247.500
Total	13,788.400	1,464.108	1,464.108

Rupees Fifteen Thousand Two Hundred Fifty Three Only

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000135; IFSC : UJVN0002207

Terms & Conditions

E.& 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 :

Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature
For Anil Pharma

Authorized Signatory

