

2 Box

IN : 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/24-25/621
Date of Invoice : 06-07-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 26585

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-07-2024

Billed to :
DCDC TALUKA HOSPITAL CHIKKODI
DIALYSIS UNIT, TALUKA HOSPITAL MN ROAD,

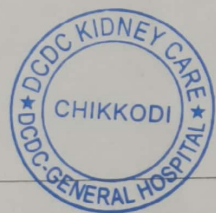
Shipped to :
DCDC TALUKA HOSPITAL CHIKKODI
DIALYSIS UNIT, TALUKA HOSPITAL
MN ROAD, NEAR BUS STOP, DIST - BELAGAVI
CHIKKODI , KARNATKA - 591201

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

Party Mobile No : 8880215789
GSTIN / UIN :
D.L. No. :

CHIKKODI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	150	0		IV SET-ECO	9018	ELPL/03/32	Feb-2027	0.00	6.50	0.00%	12%	1,092.00
2	200	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	1,568.00
3	150	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	1,176.00
4	4	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A1101024B0	Jan-2029	0.00	175.00	0.00%	12%	784.00
5	1	0	1*100	GB MAXIM 5ML SYRINGE	90183100	A1052124B0	Jan-2029	0.00	195.00	0.00%	12%	218.40
6	200	0		NON WOVEN BED SHEET	6307			0.00	13.00	0.00%	5%	2,730.00
7	4	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	1,030.40
8	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,528.10



Total 10,126.90

Add : Rounded Off (+)

0.10

709.00 0.00

Grand Total ₹ 10,127.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,240.000	628.800	628.800
5%	2,600.000	130.000	130.000
18%	1,295.000	233.100	233.100
Total	9,135.000	991.900	991.900

Rupees Ten Thousand One Hundred Twenty Seven Only

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

Terms & Conditions
E.& 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 with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :
Stock No. of Boxes Received 2 Box
Subject to Physical Check
Name/Employee Code 203529
Centre Name G.H. Chikodi For Anil Pharma
Date/Time 06-07-2024
Signature [Signature] M. No. 7339803476
Authorised Signatory