

2 Box
Original Copy

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

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/24-25/1704
Date of Invoice : 25-10-2024
Place of Supply : Telangana (36)
GR/RR No. :
PO NO. : 27852

Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 22-10-2024

Billed to :
DCDC COMMON HEALTH CENTER ASHWARAOPET
DIALYSIS CENTER, GOVT. HOSPITAL AHWARAOP

Shipped to :
DCDC COMMON HEALTH CENTER ASHWARAOPET
DIALYSIS UNIT, COMMON HEALTH CENTER
DIST - BHADRADARI KOTHAGUDEM
ASHWARAOPET , TELANGANA - 507301

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

Party Mobile No : 8790607389
GSTIN / UIN :
D.L. No. :

ASHWARAOPET

| S.N. | Qty. | Free | Pack | Products Name | HSN | Batch No. | Exp. | MRP | Rate | Dis. % | GST % | Amount(₹) |
|------|-------|------|------|--------------------|----------|-----------|----------|------|-------|--------|-------|-----------|
| 1 | 1,000 | 0 | | FITSULA NEEDLE 16G | 901839 | 24080701 | Jul-2027 | 0.00 | 11.00 | 0.00% | 12% | 12,320.00 |
| 2 | 500 | 0 | | FITSULA NEEDLE 17G | 90183290 | 24091707 | Aug-2027 | 0.00 | 11.00 | 0.00% | 12% | 6,160.00 |
| 3 | -- | -- | | FREIGHT CHARGES | 996812 | | | 0.00 | -- | 0.00% | 18% | 1,563.50 |

Total 20,043.50

Add : Rounded Off (+)

0.50

1,500.00 0.00

Grand Total ₹ 20,044.00

| Tax Rate | Taxable Amt. | IGST Amt. | Total Tax |
|--------------|-------------------|------------------|------------------|
| 12% | 16,500.000 | 1,980.000 | 1,980.000 |
| 18% | 1,325.000 | 238.500 | 238.500 |
| Total | 17,825.000 | 2,218.500 | 2,218.500 |

Stock/No. of Boxes Received 2
Subject to Physical Check
Name/Employee Code K.P. Praveen
Centre Name Ashwarapet
Date/Time 11/10/24
Signature M. No. 7093612491

Rupees Twenty Thousand Forty Four 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 :

For Anil Pharma
Authorized Signatory