

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/24-25/916
 Date of Invoice : 08-08-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 26895

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 05-08-2024

**Billed to :**

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
 DIALYSIS UNIT, TALUKA HOSPITAL, VIJAYPURA

Shipped to :

DCDC TALUKA HOSPITAL BASAVAN BAGEVADI
 DIALYSIS UNIT, TALUKA HOSPITAL
 VIJAYAPURA ROAD, DIST - VIJAYAPURA
 BASAVAN BAGEVADI, KARNATKA - 586203

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

Party Mobile No : 6362316903
 GSTIN / UIN :
 D.L. No. :

BASAVAN BAGEVADI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(`)
1	100	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	784.00

Total 784.00

100.00 0.00

Grand Total 784.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	700.000	84.000	84.000

Rupees Seven Hundred Eighty 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

Authorised Signatory

Stock/No. of Boxes Received 01 Box
 Subject to Physical Check
 Name/Employee Code DC03690/shrikrantayya
 Centre Name B. Bagevadi
 Date/Time 24/08/24 10Am
 Signature M. No. 6362316903