

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate 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/2022-23/957  
Date of Invoice : 22-12-2022  
Place of Supply : Haryana (06)  
GR/RR No. :  
PO NO. : 21031-1

Transport : N/A  
Vehicle No. :  
Station : FATEHABAD  
E-Way Bill No. :  
PO DATE : 08-12-2022

**Billed to :**

DCDC CIVIL HOSPITAL FATEHABAD  
DIALYSIS UNIT , GROUND FLOOR ,  
NEAR BUS STAND , MODEL TOWN  
FATEHABAD HARYANA-125050

Party Mobile No : 8506005588  
GSTIN / UIN :  
D.L. No. :

**Shipped to :**

DCDC CIVIL HOSPITAL FATEHABAD  
DIALYSIS UNIT , GROUND FLOOR ,  
NEAR BUS STAND , MODEL TOWN  
FATEHABAD HARYANA-125050

Party Mobile No : 9610065777  
GSTIN / UIN :  
D.L. No. :

FATEHABAD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	500	0		FITSULA ON-KIT	30059040			0.00	8.00	0.00%	12%	4,480.00

Total 4,480.00

500.00 0.00

Grand Total ₹ 4,480.00

Tax Rate Taxable Amt. IGST Amt. Total Tax  
12% 4,000.000 480.000 480.000

**Rupees Four Thousand Four Hundred Eighty Only**

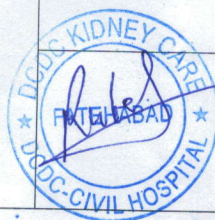
**Bank Details :** UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

**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

