

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/2022-23/1322
Date of Invoice : 25-03-2023
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 22027-1Transport : N/A
Vehicle No. :
Station : NOIDA
E-Way Bill No. :
PO DATE : 06-03-2023**Billed to :**
DCDC YATHARTHA NOIDA
YATHARTHA HOSPITAL NOIDA**Shipped to :**
DCDC YATHARTHA NOIDA
YATHARTHA HOSPITAL NOIDA
PLOT NO-01 SECTOR 110
NEAR MAHARISHI ASHRAM
NOIDA , UTTAR PRADESH-201304
Party Mobile No : 7697109398
GSTIN / UIN :
D.L. No. :Party Mobile No :
GSTIN / UIN :
D.L. No. :

YATHARTH

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,200	0		FITSULA ON-KIT	30059040			0.00	8.00	0.00%	12%	10,752.00
2	2,000	0		FITSULA OFF KIT	30059040			0.00	8.00	0.00%	12%	17,920.00

DCDC HSPCL CENTRE-YATHARTH HOSPITAL, NOIDA
MATERIAL RECEIVED
DATE... 27/3/23
TIME... 11:30 pm RECEIVED BY... *[Signature]*

Total 28,672.00

3,200.00 0.00

Grand Total ₹ 28,672.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	25,600.000	3,072.000	3,072.000

Rupees Twenty Eight Thousand Six Hundred Seventy Two Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; 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 not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma

Authorised Signatory

