

1 Box

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/24-25/1654
Date of Invoice : 23-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27798

Transport : N/A
Vehicle No. :
Station : AURAIYA
E-Way Bill No. :
PO DATE : 04-10-2024

Billed to :
DCDC DISTRICT HOSPITAL AURAIYA
DIALYSIS UNIT, DISTRICT HOSPITAL KAKOR R

Shipped to :
DCDC DISTRICT HOSPITAL AURAIYA
DIALYSIS UNIT, DISTRICT HOSPITAL
KAKOR ROAD , CHICHOLI VILLAGE
AURAIYA , UTTAR PRADESH - 206122

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

Party Mobile No : 8083243140
GSTIN / UIN :
D.L. No. :

AURAIYA

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		ON-OFF KIT	30059040			0.00	16.00	0.00%	12%	3,584.00
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	531.00

Stock/No. of Boxes Received OK
Subject to Physical Check
Name/Employee Code Pharmacist
Centre Name D.H. Auraiya
Date/Time 27/10/24
Signature [Signature] M. No. 8083243140

Total 4,115.00

200.00 0.00

Grand Total ₹ 4,115.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	3,200.000	384.000	384.000
18%	450.000	81.000	81.000
Total	3,650.000	465.000	465.000

Rupees Four Thousand One Hundred Fifteen 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