

APPG6291A1ZR

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

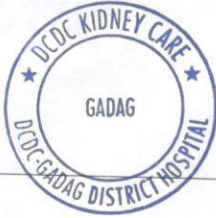
Invoice No. : AP/24-25/533
 Date of Invoice : 12-06-2024
 Place of Supply : Karnataka (29)
 GR/RR No. :
 PO NO. : 26448

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 06-06-2024

Billed to :
 DCDC DISTRICT HOSPITAL GADAG
 DIALYSIS UNIT , DISTRICT HOSPITAL, ROOM

Shipped to :
 DCDC DISTRICT HOSPITAL GADAG
 DIALYSIS UNIT, DISTRICT HOSPITAL
 ROOM NO - 129/130, MALLASAMUDRA VILLAGE
 GADAG , KARNATKA - 582103

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



Party Mobile No : 9538928326
 GSTIN / UIN :
 D.L. No. :

GADAG

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	12	0	1*50	GB MAXIM 10ML SYRINGE	90183100	A1101024B0	Jan-2029	0.00	175.00	0.00%	12%	2,352.00
2	2	0	1*100	GB MAXIM 5ML SYRINGE	90183100	A1052124B0	Jan-2029	0.00	195.00	0.00%	12%	436.80

Quantity Received 01
 Subject to Physical Check
 Name/Employee Code DC03369
 Centre Name GADAG
 Date/Time 12/6/24
 Signature M. No. 9538928326

Total 2,788.80
 Add : Rounded Off (+) 0.20

14.00 0.00

Grand Total ₹ 2,789.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,490.000	298.800	298.800

Rupees Two Thousand Seven Hundred Eighty Nine 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