

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/24-25/1632
Date of Invoice : 22-10-2024
Place of Supply : Karnataka (29)
GR/RR No. :
PO NO. : 27807

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

Billed to :

DCDC DISTRICT HOSPITAL HAVERI
DIALYSIS UNIT, DISTRICT HOSPITAL HAVERI

Shipped to :

DCDC DISTRICT HOSPITAL HAVERI
DIALYSIS UNIT, DISTRICT HOSPITAL
ROON NO 52 , KILLA ROAD , HAVERI
KARNATAKA - 581110

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

Party Mobile No : 9844782468
GSTIN / UIN :
D.L. No. :

HAVERI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	10	0		BLUE PUNCTURE 10LTR	90189029			0.00	240.00	0.00%	12%	2,688.00
2	400	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	3,136.00
3	400	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	3,136.00
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,191.80

Total 10,151.80

Add : Rounded Off (+)

0.20

810.00 0.00

Grand Total ₹ 10,152.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,000.000	960.000	960.000
18%	1,010.000	181.800	181.800
Total	9,010.000	1,141.800	1,141.800

Stock/No. of Boxes Received 1
Subject to Physical Check
Name/Employee Code
Centre Name District Hosp Haveri
Date/Time 22/10/24
Signature M. No. 9844782468

Rupees Ten Thousand One Hundred Fifty 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 is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Anil Pharma
Auth. Sign
Authorised Signatory
DELHI