

**** TAX INVOICE ****
S.K. PHARMA

SHOP NO-10, C-BLOCK DDA COMMUNITY CENTRE
NR JANAK CINEMA JANAK PURI NEW DELHI-110058
Phone : MOB. 9911426969, 011-40618191

GSTIN : 07ASEPK2176P1ZA
State Code : 07
FSSAI No : 13321011001062

PAN : ASEP2176P
D.L.No.1 : DL-JNK-119455,57
D.L.No.2 : DL-JNK-119454,56
E-mail : skpharma10@gmail.com

Tax is Payable On Reverse Charge : No
Invoice No. : SKP-23-166
Invoice Date : 19/04/2023
State : Delhi

Transportation Mode :
GR / UR No. :
Date of Supply : 19/04/2023
Place of Supply : Delhi
Order No :
State Code : 07

Details of Receiver (Bill To)

Name : DCDC HEALTH SERVICE PVT LTD.
Address : C-185 MAYA PURI INDUSTRIAL AREA
PH-2 MAYAPURI NEW DELHI
Phone/Mob. :
State : Delhi
GSTIN : 07AAFCD0204K1Z1
D.L.No. :

Details of Consignee (Shipped To)

Name : DCDC HEALTH SERVICE PVT LTD.
Address : CIVIL HOSPITAL JHAJJAR
PH-2 MAYAPURI NEW DELHI
55-042023-22311-7
Phone/Mob. :
State : Delhi
GSTIN : 07AAFCD0204K1Z1
D.L.No. :

State Code: 07

Sr.	PARTICULARS	HSN CODE	PACK	BATCH No.	Exp.	MRP.	QTY.	RATE	Total Value	DIS %	Taxable Value	CGST %	CGST Amount	SGST %	SGST Amount
1	RENCEL INJ. 4000 IU	30021500	PPS	11020150	11/24	1760.00	600	160.00	96000.00	0.00	96000.00	6.0	5760.00	6.0	5760.00
No of Items : 1											96000.00		5760.00		5760.00

Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature

Stamp: RECEIVED
Stamp: M. No. 2874565

Gross Total		96000.00
Add: Add:	SGST	5760.00
	CGST	5760.00
Total	GST	11520.00
Round Off		0.00
Inv Amt. R/OFF		107520.00

Terms & Conditions :-
Rupees: One Lakhs Seven Thousand Five Hundred Twenty Only

Bank Name : ICICI BANK
Bank A/C : 057105500102
Branch : PALAM

IFSC CODE : ICIC0000571
MICR No :

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For S.K. PHARMA

(Computer Generated Invoice)

