

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/24-25/1659
 Date of Invoice : 23-10-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 27858

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

Billed to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DISTRICT HOSPITAL , LAKHIMPUR KHIRI,
 NEAR T.W WARD HOSPITAL ROAD , POLICE
 LINE , LAKHIMPUR , UTTAR PRADESH-262701

Shipped to :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
 DIALYSIS UNIT, DISTRICT HOSPITAL
 NEAR TB WARD HOSPITAL RD , POLICE LINE
 LAKHIMPUR KHIRI, UTTAR PRADESH - 262701

Party Mobile No : 8447444344
 GSTIN / UIN :
 D.L. No. :

Party Mobile No : 7309340559
 GSTIN / UIN :
 D.L. No. :

LAKHIMPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	600	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	4,704.00
2	600	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	4,704.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,398.30

Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No. 735523227

Total 10,806.30

Less : Rounded Off (-) 0.30

1,200.00 0.00

Grand Total ₹ 10,806.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	8,400.000	1,008.000	1,008.000
18%	1,185.000	213.300	213.300
Total	9,585.000	1,221.300	1,221.300

Rupees Ten Thousand Eight Hundred Six 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
 DELHI