

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/24-25/048
 Date of Invoice : 09-04-2024
 Place of Supply : Uttar Pradesh (09)
 GR/RR No. :
 PO NO. : 25770

Transport : N/A
 Vehicle No. :
 Station :
 E-Way Bill No. :
 PO DATE : 05-04-2024

Billed to :

DCDC FORD HOSPITAL VARANASI
 FORD HOSPITAL GHAT ROAD, NAER BHU
 TRAUMA CENTER , BALAJI NAGAR COLONY
 VARANASI , UTTAR PRADESH-221005

Shipped to :

DCDC FORD HOSPITAL VARANASI
 FORD HOSPITAL GHAT ROAD, NAER BHU
 TRAUMA CENTER , BALAJI NAGAR COLONY
 VARANASI , UTTAR PRADESH-221005

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

Party Mobile No : 9621142903
 GSTIN / UIN :
 D.L. No. :

FORD VARANASI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount()
1	100	0		GAUZE SWAB	30059090			0.00	6.00	0.00%	12%	672.00
2	50	0		HMD KIT KATH 16NO	9018	40311N	Dec-2028	0.00	11.50	0.00%	12%	644.00
3	10	0		INJ ZINOCAINE (LOX 2%)	30049088	NZLI-001	Jan-2025	0.00	29.00	0.00%	12%	324.80
4	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	460.20
											Total	2,101.00

Stock Received 1 box
 Subject to physical check
 Name Employee Code Maya 10001135
 Centre Name Ford Hospital Varanasi
 Date/Time 18.4.24 11:20 PM
 Signature M. No. 8595955960

Total 2,101.00
Grand Total 2,101.00

160.00 0.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,465.000	175.800	175.800
18%	390.000	70.200	70.200
Total	1,855.000	246.000	246.000

Rupees Two Thousand One Hundred One 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 :

For Anil Pharma

Authorised Signatory