

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/24-25/449
Date of Invoice : 07-06-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 26293Transport : N/A
Vehicle No. :
Station :
E-Way Bill No. :
PO DATE : 04-06-2024

Billed to :

DCDC FORD HOSPITAL VARANASI
FORD HOSPITAL GHAT ROAD, NAER BHU
TRAUMA CENTER , BALAJI NAGAR COLONY
VARANASI , UTTAR PRADESH-221005Party Mobile No :
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC FORD HOSPITAL VARANASI
DIALYSIS UNIT, FORD HOSPITAL
SAMNE GHAT RD, NEAR BHU TRAUMA CENTER
BALAJI NAGAR COLONY , VARANASI
UTTAR PRADESH - 221005Party Mobile No : 9621142903
GSTIN / UIN :
D.L. No. :

FORD

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	2	0		DYNAPLAST	3005		---	0.00	149.50	0.00%	12%	334.88
2	2	0	1*50	CARE DISPO. SYRINGE 10ML 1*50	90183100	B24059	Jan-2027	0.00	175.00	0.00%	12%	392.00
3	8	0		MICROPORE 3"	3005	2404002	Mar-2027	0.00	75.00	0.00%	12%	672.00
4	10	0		INJ ZINOCAINE (LOX 2%)	30049088	NZLI-006	Oct-2025	0.00	29.00	0.00%	12%	324.80
5	50	0		IV SET-ECO	9018	HCR23030	Feb-2027	0.00	6.50	0.00%	12%	364.00
6	25	0		HMD KIT KATH 16NO	9018	40311N	Dec-2028	0.00	11.50	0.00%	12%	322.00
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	814.20

Stock/No. of Boxes Received 1 box
Subject to Physical Check,
Name/Employee Code Naga / 201135
Centre Name Ford Hospital
Date/Time 15-6-24 3:30 PM
Signature M. No. 8559075960

Total 3,223.88

Add : Rounded Off (+)

0.12

97.00 0.00

Grand.Total ₹ 3,224.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	2,151.500	258.180	258.180
18%	690.000	124.200	124.200
Total	2,841.500	382.380	382.380

Rupees Three Thousand Two Hundred Twenty Four 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