

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/24-25/1085  
 Date of Invoice : 24-08-2024  
 Place of Supply : Karnataka (29)  
 GR/RR No. :  
 PO NO. : 27141

Transport : N/A  
 Vehicle No. :  
 Station :  
 E-Way Bill No. :  
 PO DATE : 09-08-2024

**Billed to :**

DCDC TALUKA HOSPITAL SHIRAHATTI  
 DIALYSIS UNIT, TALUKA HOSPITAL DIST. GAD

**Shipped to :**

DCDC TALUKA HOSPITAL SHIRAHATTI  
 DIALYSIS UNIT, TALUKA HOSPITAL  
 DIST - GADAG, SHIRAHATTI  
 KARNATKA - 582120

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

Party Mobile No : 9886516063  
 GSTIN / UIN :  
 D.L. No. :

## SHIRAHATTI

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount ( )
1	1	0		SYNTHETIC COVER FOR TROLLEY	42029900			0.00	1,280.00	0.00%	12%	1,433.60
2	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	306.80



Total 1,740.40  
 Less : Rounded Off (-) 0.40

1.00 0.00

Grand Total 1,740.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	1,280.000	153.600	153.600
18%	260.000	46.800	46.800
<b>Total</b>	<b>1,540.000</b>	<b>200.400</b>	<b>200.400</b>

Stock/No. of Boxes Received ..... 1  
 Subject to Physical Check  
 Name/Employee Code ..... Saranya  
 Centre Name ..... Shirahatti  
 Date/Time ..... 30/8/24 ..... 1:00 pm  
 Signature ..... M. No. 9021916704

Rupees One Thousand Seven Hundred Forty Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

## Terms &amp; Conditions

E.&amp; 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

Authorized Signatory