

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/24-25/1112  
Date of Invoice : 24-08-2024  
Place of Supply : Karnataka (29)  
GR/RR No. :  
PO NO. : 27180

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

**Billed to :**

DCDC TALUKA HOSPITAL BHATKAL  
DIALYSIS UNIT, TALUKA HOSPITAL BHATKAL ,

**Shipped to :**

DCDC TALUKA HOSPITAL BHATKAL  
DIALYSIS UNIT, TALUKA HOSPITAL  
BHATKAL , KARNATKA - 581320

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

Party Mobile No : 8105942976  
GSTIN / UIN :  
D.L. No. :

BHATKAL

| 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> |

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.

- 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

Stock/No. of Boxes Received ..... 1 pc  
Subject to Physical Check .....  
Name/Employee Code ..... Vaishnavi  
Centre Name ..... Bhatkal  
Date/Time ..... 21/8/24  
Signature ..... M. No. 849786418

