

JAI AMBE MAA

PHARMA LINKS AGENCIES

275,'P SQUARE' GF 1ST, 2ND, 3RD FLOOR 1ST MAIN ROAD
 CHAMARAJPET ALBERT VICTOR ROAD BANGALORE-560018
 Ph.No.- 080-6960 9999, 49785111/222, 41222713/41514999
 DL.No: 20B:KA-B21-209422, 21B:KA-B21-209423
 GSTIN.No. :29ABAFP4994P1Z9 FOOD LICENSE:11221332001011
 E-Mail : plabng@gmail.com

chinni

a block,Anna nagar
 chennai,Tamil Nadu-600001
 PHONE : 8939021195
 D.L. No. : 1234abcd
 GSTIN. : 123456789012345

Order No. : 212
Date : 24-07-2023

Rep : admin
 Bill Time : 20:38
 Prepared By :
 Printed By : admin
 Print D&T : 25-07-2023 11:20

COMP/MFR.	QTY	FREE	PACK	BOX	PRODUCT	BATCH	EXP	MRP	RATE	DIS%	HSN	GST Type	AMOUNT
CADIL / CADIL	25	0	VAIL	25	ORITAXIM 500MG INJ			25.51	14.73	0.00	30042019	IGST12%	368.25
HMD / HMD	1	0	1X100	1	DISPOVAN NEEDLE 0.55*25 24G*1			200.00	62.00	0.00	90183220	IGST12%	62.00

Taxable: 430.25 IGST12% : 51.63	Bank Details				Outstanding				Sale Value 430.25	
	BANK NAME:- KOTAK MAHINDRA BANK BRANCH NAME:- KEMPEGOWDA ROA A/C NO/GPAY NO.: -9448992983 IFSC CODE:-KKBK0008050				Oldest 7 Outstanding Bills				GST Amount 51.63	
					DATE	BILL NO.	AMOUNT	DAYS	Round Off 0.12	

Total No Of Items:- 2 Total No Of QTY:- 26	Total Value in Words:- Four Hundred And Eighty Two Rupees Only	Grand Total 482.00
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CHECKED BY _____ PACKED TIME/DATE _____ BATCH VERIFIED BY _____ ACCOUNTED BY _____ INV VERIFIED BY _____