

**ATHARVA PHARMACY**

D.NO:2-1-49/24/A/1, PLOT NO:194, 1ST FLOOR,  
REGISTRATION OFFICE LANE, SURYA NAGAR COLONY,  
UPPAL, MEDCHAL-MALKAJGIRI-500039.  
Phone:7777803444

D.L.20: TS/MDL/2020-65728  
D.L.21: TS/MDL/2020-65728  
GST No: 36CKLPG2281A1ZH

Name :k.srinivas rao Age : Invoice:ES04166  
Doctor:DR Time: 21:53 Date :09/11/2022

S.NO	PRODUCT NAME	PACK	SCH	MFG	BATCH	EXPIRY	QTY	RATE	AMOUNT
1	MAGNILEAD LC TAB	10			2723	8/2023	2	28.00	56.00
2	CALMIRAZ-PLUS TAB	10			CD-221470	7/2024	2	19.00	38.00
3	QTGESIC PTH4	10		A.S.	UGT-22914A	7/2024	4	21.50	86.00
4	CUTICOB-100 TAB	10			T21D467A	3/2023	2	14.00	28.00

Gross: 208.00

Round: 0.00

Net Amt: 208.00

\*Items cannot be taken back after 24 Hrs.(Bill is Mandatory)  
\*Damaged/Fridge Items will not be taken back.

**For ATHARVA PHARMACY**