

**Bill/ Cash Memo**

Nazimabad no.4  
Phone no.: 03002869031 Email: trupharmakarachi@gmail.com

Bill To	Transportation Details	Invoice Details
<b>Behzad Aslam</b> Tehsil Jaranwala	Transport Name: Delivery Date: Delivery location:	Invoice No.: 3502 Date: 26-05-2025

#	Item name	No.	MRP	Quantity	Rate	Discount	Amount
1	<b>g+ cream</b>	GP9K23	1200.00	6	Rs 1,020.00	60.0%	Rs 2,448.00
	<b>Total</b>			<b>6</b>		<b>Rs 3,672.00</b>	<b>Rs 2,448.00</b>

Amounts
Sub Total Rs 2,448.00
<b>Total Rs 2,448.00</b>
Received Rs 0.00
Balance Rs 2,448.00

Invoice Amount In Words
Two Thousand Four Hundred Forty Eight Rupees only

Terms and conditions	For, Tru_Pharma  Authorized Signatory
Form 2-A, as specified under Rules 19 and 30, pertains to the warranty provided under Section 23(1)(1) of the Drug Act 1976. This document, issued by Tru_pharma, serves as an assurance of the quality and effectiveness of their products. The warranty ensures that the drugs manufactured by Tru_pharma comply with the prescribed standards and meet the necessary regulatory requirements. By utilizing Form 2-A, Tru_pharma demonstrates its commitment to delivering safe and reliable pharmaceuticals to consumers. This form acts as a legal document, emphasizing Tru_pharma's responsibility and accountability in maintaining the highest standards in drug manufacturing and distribution.	