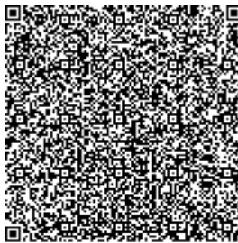




SUN PHARMA DISTRIBUTORS LTD

7124-SPDL CFA-CHENNAI DS SURVEY
No.218/1A1,219/1A1,219/1A1, BLOCK B BUILDING II,
NORTH EAST FACING ENTRANCE, GROUND FLOOR
ROOM NO.1 & FIRST FLOOR CHENNAI-600060
Tel: 9884954520



Recipient(Billed To) 2000011761												Consignee(Shipped To/Delivery Address) 2000011761					TAX INVOICE								
Customer name & Address :	SSK ENTERPRISE 227/2PART,218/1APART,219/1A1PART,BLO CK A BUILDING C,SOUTH FACING,1st FLR, R.NO B SURVEY NO.225/4PART,226/1PART,227/1PAR T CHENNAI-600060												Customer name & Address :	SSK ENTERPRISE 227/2PART,218/1APART,219/1A1PART,BLO CK A BUILDING C,SOUTH FACING,1st FLR, R.NO B SURVEY NO.225/4PART,226/1PART,227/1PART CHENNAI-600060 9791007800											
Place	:CHENNAI	Supply Type	:OUTWARD	Tax Invoice No:	SD2533087725																				
Pin Code	:600060	State/Code	:Tamil Nadu (33)	Date of Invoice:	20.12.2025																				
State/Code	:Tamil Nadu (33)	PAN No.	:AOZPS5038P	Time of Supply:	Place of Supply: Tamil Nadu																				
PAN No.	:AOZPS5038P	Drug Lic No.1	:TN/Z05/20B/00636 03.04.2029	Tax Payable on Reverse Charge (Y/N):	N																				
Drug Lic No. 1	:TN/Z05/20B/00636 03.04.2029	Drug Lic No.2	:TN/Z05/21B/00636 03.04.2029	E-way Bill No:																					
Drug Lic No. 2	:TN/Z05/21B/00636 03.04.2029	FSSAI No.	:12424023000525	Weight(Kgs) of Consignment:	0.000																				
FSSAI No.	:12424023000525	CIN No.	:	Mode of Dispatch:																					
CIN No.	:	GSTIN/Unique ID	:33AOZPS5038P1ZV	Name of Courier:																					
GSTIN/Unique ID	:33AOZPS5038P1ZV	Buyer PO No.	:DHANYA MEDICALS	Inco Terms:	NA																				
Buyer PO No.	:DHANYA MEDICALS	PO Date	:20.12.2025	AWB No:	Total No. of Boxes/Shipper: 0																				
PO Date	:20.12.2025			AWB Date:																					
				Vehicle No:																					
				Site Ref No:	ZNSO 9020143237																				
				IR Ref No:	ace0c29b2fb68d3c5c5f8db9ef21157b97b85923b1b0391 a36045d4c42f168b1																				
				Category:																					
				Transaction Type:																					
				Transaction Mode:																					
				Remark:																					

Order number & Date: 3084881352 & 20.12.2025

CGST

SGST

Sr. No.	Mfg. Code	CAT	Product Description	HSN Code	Unit UOM	Batch No.	Expiry Date	No. of Boxes/Shipper	Total Qty	Price per Unit	P.T.R.	M.R.P.	Total Value	Disc %	Discount Value	Taxable Value	Rate of Tax %	Tax Amount	Rate of Tax %	Tax Amount	Total Amount
1	2034	D	B9 - SYMENTA SIZODON 1 (Old MRP:34.40, Old GST:12.00%)	30049099	S10	SIG1909A	08/28	5/0	50	21.24	24.57	32.25	1,062.08	0.00	0.00	1,062.08	2.50	26.55	2.50	26.55	1,115.18
2	2034	N	SIZODON MD 0.5 (Old MRP:41.50, Old GST:12.00%)	30049099	S10	SIG1961A	08/27	5/0	50	23.09	29.65	38.91	1,154.68	0.00	0.00	1,154.68	2.50	28.87	2.50	28.87	1,212.42
3	2032	N	Z4 - SIRIUS TRANXIETY (Old MRP:95.00, Old GST:12.00%)	30049069	S10	GTF3829A	11/26	17/0	51	64.46	67.86	89.06	3,287.52	0.00	0.00	3,287.52	2.50	82.19	2.50	82.19	3,451.90

INVOICE AMOUNT :

5,504.28

5,504.28

137.61

Sub Total C/F 5,779.50

DESCRIPTION	RATE	TAXABLE	TAX
CGST	2.50	5,504.28	137.61
SGST	2.50	5,504.28	137.61

Schedule Type	Schedule Type Description
Y	Schedule item
N	Non-Schedule item
F	Food & Nutra item
O	OTC item
D	DPCO item

'Total Taxable Amount'	5,504.28
'Deduct TDS 0.10%'	5.50
'Net to Pay Amount'	5,774.00

Customer Name: SSK ENTERPRISE

Tax Invoice No: SD2533087725

Site Ref No: ZNSO 9020143237

Total Invoice Amount: FIVE THOUSAND SEVEN HUNDRED SEVENTY NINE RUPEES FIFTY PAISE ONLY	Total Invoice Amount:	5,779.50
Remarks :		
Declaration : The medical preparations supplied under this invoice do not in any way contravene the provision of section 18 of the Drug & cosmetics Act 1940 Invoice if not paid / Retired on or before the due date will attract interest @ 15% P.A.		
CIN NO. : U51909MH2019PLC322778 State Code : 33 State : Tamil Nadu	GSTIN No. : 33ABBCS7694H1Z0 Division : PAN : ABBCS7694H	FSSAI No. : 12419023001665 Drug Lic. No. 1 : 20B - TN-05-20B-00236 28.11.2029 Drug Lic. No. 2 : 21B - TN-05-21B-00236 28.11.2029
While taking delivery from the carrier, please check weight and number with LRs. Claims for loss should be submitted to Carriers, Subject to Mumbai Jurisdiction		
Registered Office: SUN HOUSE, CST NO. 201 B/1, WESTERN EXPRESS HIGHWAY , GOREGAON (E), MUMBAI-400063, MAHARASHTRA, INDIA Tel.: 91-22 4324 4324 Fax: 91-22 2821 2010 Website: www.sunpharma.com		