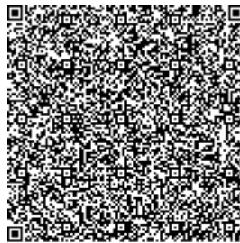




SUN PHARMA DISTRIBUTORS LTD

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,BLOCK A BUILDING C,SOUTH FACING,1st FLR, R.NO B SURVEY NO.225/4PART,226/1PART,227/1PART T CHENNAI-600060												Customer name & Address : SSK ENTERPRISE 227/2PART,218/1APART,219/1A1PART,BLOCK A BUILDING C,SOUTH FACING,1st FLR, R.NO B SURVEY NO.225/4PART,226/1PART,227/1PART T CHENNAI-600060 9791007800												Tax Invoice No: SD2533088546	
Place :CHENNAI												Supply Type :OUTWARD												Date of Invoice: 23.12.2025	
Pin Code :600060												State/Code :Tamil Nadu (33)												Time of Supply: Place of Supply: Tamil Nadu	
State/Code :Tamil Nadu (33)												PAN No.:AOZPS5038P												Tax Payable on Reverse Charge (Y/N): N	
PAN No.:AOZPS5038P												Drug Lic No.1 :TN/Z05/20B/00636 03.04.2029												E-way Bill No:	
Drug Lic No.1 :TN/Z05/20B/00636 03.04.2029												Drug Lic No.2 :TN/Z05/21B/00636 03.04.2029												Weight(Kgs) of Consignment: 0.000	
Drug Lic No.2 :TN/Z05/21B/00636 03.04.2029												FSSAI No.:12424023000525												Mode of Dispatch:	
FSSAI No.:12424023000525												CIN No.:												Name of Courier:	
CIN No.:												GSTIN/Unique ID :33AOZPS5038P1ZV												Inco Terms: NA	
GSTIN/Unique ID :33AOZPS5038P1ZV												Buyer PO No.:SAI PHARMACY												Total No. of Boxes/Shipper: 0	
Buyer PO No.:SAI PHARMACY												PO Date :23.12.2025												AWB No:	
PO Date :23.12.2025												Supply Type :OUTWARD												AWB Date:	
Supply Type :OUTWARD												State/Code :Tamil Nadu (33)												Vehicle No:	
State/Code :Tamil Nadu (33)												PAN No.:AOZPS5038P												Site Ref No: ZNSO 9020143717	
PAN No.:AOZPS5038P												Drug Lic No.1 :TN/Z05/20B/00636 03.04.2029												IR Ref No: 92b801f07a2e23e49dbc9d9503bc60598926706835eacb 068479ca474a3e1ff5d	
Drug Lic No.1 :TN/Z05/20B/00636 03.04.2029												Drug Lic No.2 :TN/Z05/21B/00636 03.04.2029												Category:	
Drug Lic No.2 :TN/Z05/21B/00636 03.04.2029												FSSAI No.:12424023000525												Transaction Type:	
FSSAI No.:12424023000525												CIN No.:												Transaction Mode:	
CIN No.:												GSTIN/Unique ID :33AOZPS5038P1ZV												Remark:	

Order number & Date: 3084895024 & 23.12.2025

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	10000140	N	Z4 - RESPIRISE MONTEK BL	30049039	M78	BFC0114	07/27	2/0	20	138.61	162.14	212.81	2,772.13	0.00	0.00	2,772.13	2.50	69.32	2.50	69.32	2,910.77

INVOICE AMOUNT :

2,772.13

2,772.13

69.32

Sub Total C/F 2,910.77

DESCRIPTION	RATE	TAXABLE	TAX
CGST	2.50	2,772.13	69.32
SGST	2.50	2,772.13	69.32

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'	2,772.13
'Deduct TDS 0.10%'	2.77
'Net to Pay Amount'	2,908.00

Customer Name: SSK ENTERPRISE

Tax Invoice No: SD2533088546

Site Ref No: ZNSO 9020143717

Total Invoice Amount:	TWO THOUSAND NINE HUNDRED TEN RUPEES SEVENTY SEVEN PAISE ONLY	Total Invoice Amount:	2,910.77
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	GSTIN No. : 33ABBCS7694H1Z0	FSSAI No. : 12419023001665	
State Code : 33	Division :	Drug Lic. No. 1 : 20B - TN-05-20B-00236 28.11.2029	
State : Tamil Nadu	PAN : ABBCS7694H	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			