

## **Tax Invoice**

Supplier Name: Celagenex Pvt. Ltd. Name: Test

**Supplier Address:** 123 Street, City, State, **Phone:** 9925342540

456789

**GSTIN: 29AABCT3518Q1ZV** 

Address: test address, not test, not test,

369852

Customer GSTIN: cdjkni23jfenjvr

**Invoice Date:** 2025-04-03 6:05:05 pm **Order ID:** ORD-6FC2C5A5

Transaction ID: efuejj384898frbniueinv Payment Method: UPI/DIGITAL

#	DESCRIPTION	PRICE	QTY.	TAX	TOTAL
1	BYZEPTA PACK	₹8393	10	0%	₹8393

## **Total Paid Amount: ₹8393**

Total Amount in Words: eight thousand, three hundred ninety-three

	E&OE
www.celagenex.com	Authorized Signatory Celagenex Pvt. Ltd.