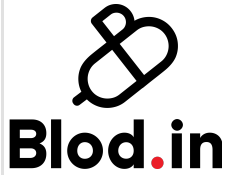


TAX INVOICE



Address: IMAX Hospital, No.128, D Block, 1st Main road, Kilpauk Garden Road, Annanagar East,
Chennai, Tamil Nadu 600102
Email ID: info@blod.in
Phone No.: 9884516787
GST No.: 33AAKCB7626E1ZS
PAN No.: AAKCB7626E

Invoice No : 242507359
Invoice Date : 16/08/2024
Customer Ref No. : 1713779163264

State : TAMIL NADU
State Code : TN
Place of Supply : CHENNAI

Details of Hospital

Name : Preferred No Credit
Hospital
Address : Anna Nagar, Chennai,
Tamil Nadu, India
State : TAMIL NADU
State Code : TN
GST No. : -
PAN No. : -

Details of Patient

Name : Test Name
Age : 45
Request ID : 190c845b
Patient ID : 342GYU765
Sex : Female
Blood Group : O+
Blood Component : Whole Blood
No. of units : 2
Reason : reason

Sr. No	Description of Goods/Services	HSN/SAC Code	Quantity	UOM	Total Before Tax (INR)	CGST		SGST		Total Value (INR)
						Rate	Amount	Rate	Amount	
1	Platform Fees	997331	1	-	399.00	9	35.91	9	35.91	470.82
2	Delivery Protocol Base Fee	996519	2	Data Points	354.00 0.00	9	0.00	9	0.00	0.00
3	Delivery Protocol Distance Fee	996519	4.4	Data Points	103.84 0.00	9	0.00	9	0.00	0.00

Details for Transfer of Funds in INR

Total Amount Before Tax INR 399.00

Total SGST INR 35.91

Total CGST INR 35.91

Total Amount INR 470.82

Total Amount (Rounded Off) INR 471.00

Total Amount in Words: FOUR HUNDRED AND SEVENTY-ONE RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By & Date: 16/08/2024

Terms and Conditions www.blod.in/tnp