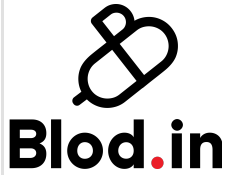


## TAX INVOICE



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

Invoice No : 242507686  
Invoice Date : 26/08/2024  
Customer Ref No. : 1709561479343

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

## Details of Hospital

Name : Ponky Half 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 : c420eecf  
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	Blood Flat Package - Regular	997331	2	-	3559.32	9	320.34	9	320.34	4200.00

## Details for Transfer of Funds in INR

Total Amount Before Tax INR 3559.32

Total SGST INR 320.34

Total CGST INR 320.34

Total Amount INR 4200.00

Total Amount (Rounded Off) INR 4200.00

Total Amount in Words: FOUR THOUSAND TWO HUNDRED RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By & Date: 26/08/2024



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