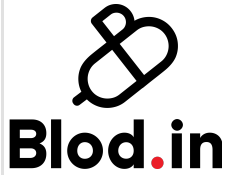


## TAX INVOICE



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 : 242507562  
Invoice Date : 24/08/2024  
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 : 7f092413  
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	11.3	Data Points	266.68 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 &amp; Date: 24/08/2024

Terms and Conditions [www.blod.in/tnp](http://www.blod.in/tnp)