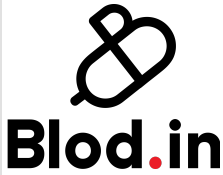


TAX INVOICE



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 : 242507727
Invoice Date : 27/08/2024
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 : 571d92b9
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 - Reservation	997331	2	-	1525.42	9	137.29	9	137.29	1800.00

Details for Transfer of Funds in INR

Total Amount Before Tax	INR 1525.42
Total SGST	INR 137.29
Total CGST	INR 137.29
Total Amount	INR 1800.00
Total Amount (Rounded Off)	INR 1800.00

Total Amount in Words: ONE THOUSAND EIGHT HUNDRED RUPEES ONLY

Prepared By BLODIN PVT LTD

Checked By & Date: 27/08/2024



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