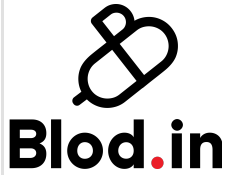


## TAX INVOICE



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 : 242507570  
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 : 2b4a36da  
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	11	%	145.86	9	13.13	9	13.13	172.11
2	Delivery Protocol Base Fee	996519	2	Data Points	300.00	9	27.00	9	27.00	354.00
3	Delivery Protocol Distance Fee	996519	11.3	Data Points	226.00	9	20.34	9	20.34	266.68

## Details for Transfer of Funds in INR

Total Amount Before Tax INR 671.86

Total SGST INR 60.47

Total CGST INR 60.47

Total Amount INR 792.80

Total Amount (Rounded Off) INR 793.00

Total Amount in Words: SEVEN HUNDRED AND NINETY-THREE 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)