

# Inter Branch Purchase Invoice

**Hospimax Healthcare Pvt Ltd**

**Address :** 109, First Floor, DDA Building No. 5 District Centre, Janakpuri , New Delhi-110058, New Delhi, Central, South West and South, Delhi, India  
**Ph.No. :** +91-1147481000  
**Email :** formulations@healthcare.com  
**Website :** www.pharmaceuticals.com  
**State Code/State :** 07/Delhi  
**GST No. :** 07AACCH1989G1ZF  
**PAN No. :** AACCH1989G

<b>Supplier Address</b>	: Supermax Drugs & Pharmaceuticals Pvt Ltd (Unit-2) : Khasra No-322, Nanhera, Anantpur, Bhagwanpur, Roorkee, District Haridwar, Uttarakhand - 247668, Roorkee-247668, Haridwar	<b>Invoice Number</b>	: HH/09/25/IBP0000001
<b>Pin Code</b>	: 247668	<b>Invoice Date</b>	: 02-09-2025
<b>State</b>	: Uttarakhand	<b>Bill Number</b>	: CO/09/25/IBS0000001
<b>Country</b>	: India	<b>Bill Date</b>	: 02-09-2025
<b>Phone</b>	: 9201597555		
<b>GSTIN/UIN</b>	: 05AAICS8872R1ZB		

S.NO.	Goods Description	UOM	HSN/SAC	Pack Size	Quantity	Rate	Amount
1	Amino acid 7% Inj. 250ml Bottle	BTL	30049099		15.00	165.00	2475.00
2	CEPTIMMUN-S 720	STP	30049099		30.00	170.00	5100.00
							<b>Sub-Total</b> 7575.00
							<b>IGST 12%</b> 909.00
							<b>Packing Charges</b> 800.00
							<b>IGST 18%</b> 144.00
							<b>Grand Total</b> 9428.00

**Amount in Words:**

INR Nine Thousand Four Hundred Twenty Eight only

**Remarks**

This is computer generated document.

**For Hospimax Healthcare Pvt Ltd**

**Authorised Signatory**