

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

Supplier	: Aark Pharmaceuticals Unit-2	Invoice Number	: HH/02/26/IBP0000003
Address	: SCO No. 180, Ground Floor & Half Basement, Sector 38 C&D, Noida-201301, Gautam Buddha Nagar	Invoice Date	: 11-02-2026
Pin Code	: 201301	Bill Number	: CO/09/25/IBS0000002
State	: Uttar Pradesh	Bill Date	: 02-09-2025
Country	: India		
Phone	:		
GSTIN/UIN	: 09ASDHG1232F1ZZ		

S.NO.	Goods Description	UOM	HSN/SAC	Pack Size	Quantity	Rate	Amount
1	CEPTIMMUN-S 720	STP	30049099		10.00	165.00	1650.00
2	Amino acid 7% Inj. 250ml Bottle	BTL	30049099		5.00	142.00	710.00
						Sub-Total	2360.00
						IGST 12%	283.20
						Packing Charges	500.00
						IGST 18%	90.00
						Grand Total	3233.20

Amount in Words:

INR Three Thousand Two Hundred Thirty Three and Twenty Paise only

Remarks

This is computer generated document.

For Hospimax Healthcare Pvt Ltd**Authorised Signatory**