

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 Address	: Supermax Drugs & Pharmaceuticals Pvt Ltd (Unit-2) Khasra No-322, Nanhera, Anantpur, Bhagwanpur, Roorkee, District Haridwar, Uttarakhand - 247668, Roorkee-247668, Haridwar	Invoice Number	: HH/09/25/IBP0000001
Pin Code	: 247668	Invoice Date	: 02-09-2025
State	: Uttarakhand	Bill Number	: CO/09/25/IBS0000001
Country	: India	Bill Date	: 02-09-2025
Phone	: 9201597555		
GSTIN/UID	: 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
						Sub-Total	7575.00
						IGST 12%	909.00
						Packing Charges	800.00
						IGST 18%	144.00
						Grand Total	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**