

**TAX INVOICE**  
(Rule-46 of CGST Rules-2017)  
**Counter Sale Invoice**

ORIGINAL FOR RECEIPT

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Name of the Supplier : **BHAGYODAYA AUTOMOTIVE**  
Address: GATNO.42, HISSNO.2, GRAMPANCHYAT PROPERTY NO.81, A/P-  
CHIMBALI,  
State: Maharashtra  
State Code: 27  
GSTIN : 27AAHFB8708P1ZU  
PAN: AAHFB8708P  
CIN:

Bill To:  
Ajay Shelar  
Address: Talegaon  
State: Maharashtra  
State Code : 27  
GSTIN/Unique ID :  
PAN:

Place of Supply  
Ajay Shelar  
Address: Talegaon  
State: Maharashtra  
State Code : 27  
GSTIN/Unique ID :

Place of Delivery  
Ajay Shelar  
Address:  
State:  
State Code :  
GSTIN/Unique ID :

**GST Category**  
Invoice No: **02212CPS17180007**  
Invoice Date: **10/01/2018**  
Electronic Reference Number  
Date of Removal  
Delivery no:  
Invoice Type: Cash

Reference :

Item No	Material No	Description of Goods/ Services	HSN code	Qty	UOM	Rate (per item )	Total Value	Disc Value	Taxable Value	CGST/ UTGST		SGST		IGST	
										%	Amt	%	Amt	%	Amt
1	06.11240-0406	HEX. NUT BM10-8 MAN183-B1 M711260	7318 16 00	7.00	EA	11.86	83.02	0.00	83.02	9	7.47	9	7.47		
<b>Total</b>									83.02		7.47		7.47		

**Whether Reverse charge applicable (Y/N) - NO**

Total CGST/UTGST Payable (in words) : Seven Rs. Fourty Seven Paise Only

Total SGST Payable (in words) : Seven Rs. Fourty Seven Paise Only

Total IGST Payable (in words) :

Total Invoice value (in words) : Ninety Eight Only

Taxable value: 83.02

CGST/UTGST on Parts: 7.47

SGST on Parts: 7.47

IGST on Parts: 0.00

Total Invoice Value : 98.00

**Declaration/ Terms & Conditions**

"I/We hereby certify that my/our registration certificate under the GST Tax Act 2017 is in force on the date on which the sales of the goods specified in this tax invoice is made by me/us and that the Transaction of sales is covered by this Tax Invoice has been effected by me/us. And it shall be accounted for in the turnover of sales while filing of return and the due tax, if any payable on the sale has been paid or shall be paid " subjected to Pune jurisdiction.

**Signature :**

Name of Signatory  
Designation/Status  
Date  
Place