ORIGINAL FOR RECIPIENT TAX INVOICE

Shree Ram MediMed

GSTIN 07AFYPJ2802G1ZC

HOUSE NO. PVT-36 KH, NO. 5/11,12,19 AND 20, 1st FLOOR STREET NO.7 BLOCK -B TOMAR COLONY, BURARI North Delhi, DELHI, 110084

Mobile 8882079245 Email shreerammedimed@gmail.com

Invoice Date: 18 Oct 2022 Invoice #: INV-17

Customer Details: Billing address: PREET MEDICOS MR. ARJUN

OPPOSITE E.S.I. CUM URBAN SLUM **PREET MEDICOS** AREA DISPENSARY, MALERKOTLA GSTIN: 03AUJPK1411C2ZF

Sangrur, PUNJAB, 148023

Shipping address: PREET MEDICOS

OPPOSITE E.S.I. CUM URBAN SLUM AREA DISPENSARY, MALERKOTLA

Sangrur, PUNJAB, 148023

Place of Supply: 03-PUNJAB

#	Item	Rate/ Item	Qty	Taxable Value	Tax Amount	Amount
1	D/ HUMERUS MEDIAL PLATE 5 HOLE HSN: 90189099	900.00	5	4,500.00	225.00 (5%)	4,725.00
2	D/ HUMERUS WITHOUT SUPPORT PLATE 5 HOLE HSN: 90189099	1,133.00	5	5,665.00	283.25 (5%)	5,948.25
3	LCP CLAVICAL MEDIAL PLATE 6 HOLE HSN: 90189099 RIGHT	900.00	2	1,800.00	90.00 (5%)	1,890.00
4	LCP CLAVICAL MEDIAL PLATE LEFT 6 HOLE HSN: 90189099	900.00	2	1,800.00	90.00 (5%)	1,890.00
				Taxable Amo	₹13,765.00	

Total **₹14,453.00**

₹688.25

₹14,453.00

-0.25

Total amount (in words): INR Fourteen Thousand, Four Hundred And Fifty-Three Rupees Only. Total Items / Qty : 4 / 14.00

IGST 5.0%

Round Off

Amount Payable:

Bank Details: For Shree Ram MediMed

Bank: **INDIAN BANK** Account #: 7077343552 IFSC: IDIB000B886

Branch: **BURARI Authorized Signatory**

Terms and Conditions:

- 1) All disputes or claims arising out of this invoice or otherwise are subject to DELHI Jurisdiction.
- 2) Interest at 24% p.a. will be charged for bills not paid within 30 days.
- 3) Goods once sold / invoiced will not be accepted back.
- 4) Shree Ram Medimed is not responsible for incorrect selection of an instrument.



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TAX INVOICE TRIPLICATE FOR SUPPLIER

Shree Ram MediMed

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