TAX INVOICE Original

Net Amount

2778.00

## MILIMAX HEALTHCARE PVT. LTD.

1 ST FLOOR TALIN TOWER NR BUBBER SONS MENDWAS HOUSE NEHRU BAZAR JAIPUR-302001

Phone: 0141-4911428 Mobile: 9928954400 Email: MILIMAXHEALTH@GMAIL.COM

PAN No. CIN No. **U24299RJ2020PTC072410** FSSAI No. **12221026000745** 

GSTIN No. 08AAOCM0957D1ZC D.L. NO 2020-21/53060/53061

Buyer Invoice No. **DS/24-25/77** Date **10/04/2024** 

SHYAM KRIPA MEDICAL Invoice Type CREDIT MEMO Due Date 20/04/2024

SHOP NO D AND E PLOT NO 27
VISHVESHWAIRYAN NAGAR
Order No. :
Despatch By

JAIPUR-302015G.R.No. :DatedRajasthanCode. 08Eway Bill No. :Cases :

GSTIN No.

D.L.No. DRUG-2023/24-94948

SNo **HSN MRP** Exp. Pack. Disc. % **GST Description Of Goods** Batch No Qty Rate **Amount** 300490 A-240317 02/26 100ML 125.00 15.50 12.00 2480.00 RYTUS-D 160 0.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value				Basic Amount Sale Return		2480.00 0.00
300490	CGST 6.0%+SGST 6.0%	2,480.00	148.80	148.80		Total Discount				0.00
							Oth.Char	ges Amt		0.00
							CGST TA	X		148.80
							SGST TA	X		148.80

Net Amount Payable (In Words ):

Rupees Two Thousand Seven Hundred Seventy Eight Only.

Bank Details:

HDFC BANK LTD, KISHANPOLE BAZAR JAIPUR

A/C NO:50200052640132 RTGS/NEFT, IFSC CODE - HDFC0003630

1.GOODS ONCE SOLD WILL NOT BE TAKEN BACK.
2.ALL THE GOODS DESPATCHED AT PURCHASER'S RISK.
3.OUR RESPONSIBILITY CEASES AS SOON AS GOODS LEAVE OUR PRIMESIS.
4.INTEREST WILL BE CHARGED 24%PER ANNUM.
5.ALL DESPUTES SUBJECT TO JAIPUR JURISDICTION ONLY.

For MILIMAX HEALTHCARE PVT. LTD.

Authorised Signatory