TAX INVOICE Original

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. **20240426105916789**

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

Buyer Invoice No. DS/24-25/1335 Date 21/10/2024

SUMIT PHARMA . Invoice Type CREDIT MEMO Due Date 21/10/2024

Order No. :

Despatch By

JAIPUR-303301 G.R.No. : Dated

Rajasthan Code. 08 Eway Bill No. : Cases :
GSTIN No. 08AHRPJ0248H1Z7 PAN No. AHRPJ0248H

D.L.No. **DRUG 200/21-36221** Freight:

SSO.ID DROGOFF/2018

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	LSQ PLUS	300450	D240911A	03/26	50	1*10	495.00	63.00	0.00	12.00	3150.00
								Basic Am	ount		3150.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amoun Sale Return	t 3150.0 0.0
300450	CGST 6.0%+SGST 6.0%	3,150.00	189.00	189.00	Total Discour	nt 0.0
					Oth.Charges	Amt 0.0
					CGST TAX	189.0
					SGST TAX	189.0
					Net Amount	3528.0

Net Amount 3528.00

Net Amount Payable (In Words):

Rupees Three Thousand Five Hundred Twenty 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