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/24-25/760 Date 01/08/2024

SIIMTT PHARMA (R) Invoice Type CREDIT MEMO Due Date 11/08/2024

SUMIT PHARMA (R)

Invoice Type CREDIT MEMO Due Date 11/08/2024

Order No.:

Despatch By

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

GSTIN No. Freight:

D.L.No. **36221**

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	MIVELEX-500	300490	T01241005	12/25	100	1*10	120.00	22.00	0.00	12.00	2200.00
2	NICOMIN FORTE TAB	300450	LGN05/070/04	04/26	100	1*10	205.00	25.00	0.00	12.00	2500.00
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HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	4700.0 0.0
300490	CGST 6.0%+SGST 6.0%	2,200.00	132.00	132.00	Total Discount	0.0
300450	CGST 6.0%+SGST 6.0%	2,500.00	150.00	150.00	Oth.Charges Amt	0.0
					CGST TAX	282.0
					SGST TAX	282.0
					Net Amount	5264.0

Net Amount Payable (In Words):

Rupees Five Thousand Two Hundred Sixty Four 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