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/24-25/1623 Date 05/12/2024
SHRI GANPATI DISTRIBUTORS Invoice Type CREDIT MEMO Due Date 15/12/2024

SHRI GANPATI DISTRIBUTORS

G-15 SARASWATI TOWER, CENTRAL

Invoice Type CREDIT MEMO

Due Date

Order No.:

SPINE VIDHYADHAR NAGAR Despatch By

JAIPUR- G.R.No. : Dated
Rajasthan Code. 08 Eway Bill No. : Cases :

GSTIN No. **08AFVPG1220N1Z7** PAN No. **AFVPG1220N** Freight:

D.L.No. JPR 2007/13935

SNo	Description Of Goods	HSN	Batch No	Ехр.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	CALIROX K 27 CAP SOFT GEL	300450	D240841D	03/26	30	1*10	265.00	26.00	0.00	12.00	780.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	
300450	CGST 6.0%+SGST 6.0%	780.00	46.80	46.80	Total Discount	
					Oth.Charges Amt	
					CGST TAX	
					SGST TAX	
					Net Amount	8

Net Amount Payable (In Words):

Rupees Eight Hundred Seventy 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