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/24-25/310 Date 21/05/2024
PIER-1 PHARMACEUTICALS Invoice Type CREDIT MEMO Due Date 31/05/2024

405, SHANTI NAGAR GOPALPURABYE Order No. :

PASS TONK ROAD Despatch By

JAIPUR-302018

Rajasthan

Code. 08

G.R.No. : Dated

Eway Bill No. : Cases :

GSTIN No. **08ANPPS7865P1ZL** Eway Bill No. :

D.L.No. **20883**

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	MELIDE-P TAB.	300490	AA24114	03/26	200	1*10	55.00	5.50	0.00	12.00	1100.00
2	METANAZ NASAL SPRAY	300432	OPMC034	01/25	50	10 ML	392.00	46.50	0.00	12.00	2325.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value		asic Amount ale Return	3425 0
300490	CGST 6.0%+SGST 6.0%	1,100.00	66.00	66.00	To	otal Discount	0
30043200	CGST 6.0%+SGST 6.0%	2,325.00	139.50	139.50	Of	th.Charges Amt	0
					CC	GST TAX	205
					SC	GST TAX	205
					Ne	et Amount	3836

Net Amount Payable (In Words):

Rupees Three Thousand Eight Hundred Thirty Six 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