

TAX INVOICE

Original

OMAX PHARMA

G-6,subham Tower,plot No-3, Near Goyal Hospital,shastri Nagar Jaipur-302016

Phone: 9931510849 Mobile: 9931510849 Email: OMAXPHARMA@GMAIL.COM

GSTIN **08BPGPS9725A1ZP**LIC No. **JPR05/11099-100**

| | | |
|---|---------------------------------|--------------------------------|
| Buyer SIMRAN SALES MARKETING PLOYT NO-B 90 A, PURANI CHOUKI, VIJAYA NAGAR ,AGRA ROAD, JAIPUR Rajasthan Code 08 GSTIN No. LIC. No. 31109-10 | Inv. No. : PAR/2023-24/2 | Dated 31/03/2024 |
| | Mode/Terms Of Payment | CREDIT MEMO |
| | Despatch Through | |
| | G.R.No. : | |
| | Cases | 0 |
| | e-Way Bill No. | |
| | Sales Person | Jaipur Hq Krishana Babu |

| SNo | Description Of Goods | HSN Code | Qty | Pack | Mrp | Rate | Disc% | Amount | GST |
|-----|----------------------|----------|-----------|---------|---------|---------|-------|---------|-------|
| 1 | HADENSA-500mgCAP | 30049011 | 1.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 386.10 | 12.00 |
| 2 | HADENSA-40gms | 300490 | 0.4 Case | 25TU*9P | 3625.00 | 2332.75 | 2.00 | 9331.00 | 12.00 |
| 3 | HADENSA-500mgCAP | 30049011 | 1.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 386.10 | 12.00 |
| 4 | HADENSA-40gms | 300490 | 0.4 Case | 25TU*9P | 3625.00 | 2332.75 | 2.00 | 9331.00 | 12.00 |
| 5 | RHEUMENSA-25gm | 30049011 | 2.0 Case | 25TU*12 | 2750.00 | 1245.26 | 2.00 | 2490.52 | 12.00 |
| 6 | RHEUMENSA-25gm | 30049011 | 1.0 Case | 25TU*12 | 2750.00 | 1245.26 | 2.00 | 1245.26 | 12.00 |
| 7 | HADENSA-500mgCAP | 30049011 | 2.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 772.20 | 12.00 |
| 8 | HADENSA-500mgCAP | 30049011 | 12.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 4633.20 | 12.00 |
| 9 | HADENSA-40gms | 300490 | 0.4 Case | 25TU*9P | 3625.00 | 2332.75 | 2.00 | 9331.00 | 12.00 |
| 10 | HADENSA-500mgCAP | 30049011 | 3.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 1158.30 | 12.00 |
| 11 | HADENSA-500mgCAP | 30049011 | 1.0 Case | 100CAP | 600.00 | 386.10 | 2.00 | 386.10 | 12.00 |

To Be Continued.....

Total

39,450.78

Terms :

DO NOT MAKE ANY PAYMENT WITHOUT OUR PRINTED RECEIPT

For OMAX PHARMA

Authorised Signatory

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| SNo | Description Of Goods | HSN Code | Qty | Pack | Mrp | Rate | Disc% | Amount | GST |
|-----|----------------------|----------|-----|------|-----|------|-------|--------|-----|
|-----|----------------------|----------|-----|------|-----|------|-------|--------|-----|

Other Charges

| HSN Code | Tax Description | Assessable Value | CGST Value | SGST Value |
|----------|---------------------|------------------|------------|------------|
| 30049011 | CGST 6.0%+SGST 6.0% | 11,228.63 | 673.71 | 673.71 |
| 300490 | CGST 6.0%+SGST 6.0% | 27,433.14 | 1,645.98 | 1,645.98 |

| | |
|-------------------|-----------------|
| Basic Amount | 39450.78 |
| Sale Return | 0.00 |
| Total Discount | 789.01 |
| Oth.Charges Amt | 0.00 |
| CGST TAX | 2,319.71 |
| SGST TAX | 2,319.71 |
| Other Adj. | 0.00 |
| Net Amount | 43301.00 |

Net Amount Payable (In Words):

Rupees Forty Three Thousand Three Hundred One Only.

Bank Details :

STATE BANK OF INDIA***NEW ACCOUNT***

A/C NO-41345661861

IFCS CODE-SBIN0030272

Remarks:**Terms :**

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For OMAX PHARMA

Authorised Signatory