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/24-25/572** Date **29/06/2024** 

PRITAM PHARMACEUTICALS

Invoice Type CREDIT MEMO Due Date 09/07/2024

Order No. :

CHOURA RASTA Order No. :

Despatch By

 JAIPUR-302001
 2567429
 G.R.No. :
 Dated

 Rajasthan
 Code. 08
 Eway Bill No. :
 Cases :

GSTIN No. **08AANPJ9328B1ZM** PAN No. **AANPJ9328B** Eway Bill No. : Cases :

D.L.No. **24760** Freight:

D.L.	.110. 2-7700										
SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	PREGALIFE PLUS	300490	LGT-231049	07/25	10	1*10	180.00	21.00	0.00	12.00	210.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	210 0
300490	CGST 6.0%+SGST 6.0%	210.00	12.60	12.60	Total Discount	0.
					Oth.Charges Amt	0.
					CGST TAX	12.
					SGST TAX	12.
					Net Amount	235.

Net Amount Payable (In Words ):

Rupees Two Hundred Thirty Five 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