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/24-25/434 Date 06/06/2024

SHYAM KRIPA MEDICAL Invoice Type CASH MEMO Due Date 16/06/2024
SHOP NO D AND E PLOT NO 27
Order No.:

VISHVESHWAIRYAN NAGAR Despatch By

JAIPUR-302015G.R.No. :DatedRajasthanCode. 08Eway Bill No. :Cases :

GSTIN No.

D.L.No. DRUG-2023/24-94948

	110. 21.00 2020/21.712										
SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	MONTY-L	300490	LGN02/163/64	01/26	150	1*10	110.00	11.50	0.00	12.00	1725.00
2	CALIROX K 27 CAP SOFT GEL	300450	D240841D	03/26	50	1*10	265.00	24.00	0.00	12.00	1200.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	2925.0 0.0
300490	CGST 6.0%+SGST 6.0%	1,725.00	103.50	103.50	Total Discount	0.00
300450	CGST 6.0%+SGST 6.0%	1,200.00	72.00	72.00	Oth.Charges Amt	0.00
					CGST TAX	175.50
					SGST TAX	175.50
					Net Amount	3276.00

Net Amount Payable (In Words):

Rupees Three Thousand Two Hundred Seventy 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