TAX INVOICE Original

13/02/2025

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

CIN No. **U24299RJ2020PTC072410** PAN No. FSSAI No. **20240426105916789**

GSTIN No. 08AAOCM0957D1ZC D.L. NO 2020-21/53060/53061

13/02/2025 Buyer Invoice No. **DS/24-25/2043** Date **CREDIT MEMO** Invoice Type **SUMIT PHARMA.** Due Date

Order No.:

Despatch By

JAIPUR-303301 G.R.No.: Dated

Rajasthan Code. 08 Eway Bill No.: Cases: GSTIN No. **08AHRPJ0248H1Z7** PAN No. AHRPJ0248H

Freight: D.L.No. DRUG 200/21-36221

SSO.ID DROGOFF/2018

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	RUBICOF-LS	300490	A-250111	12/26	160	100ML	120.00	16.50	0.00	12.00	2640.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	2640.00 0.00
300490	CGST 6.0%+SGST 6.0%	2,640.00	158.40	158.40	Total Discount	0.00
					Oth.Charges Amt	0.00
					CGST TAX	158.40
					SGST TAX	158.40
					Net Amount	2957.00

Net Amount Payable (In Words):

Rupees Two Thousand Nine Hundred Fifty Seven Only.

Bank Details:

HDFC BANK LTD, KISHANPOLE BAZAR JAIPUR

A/C NO:50200052640132 RTGS/NEFT, IFSC CODE - HDFC0003630

Terms: For MILIMAX HEALTHCARE PVT. LTD. 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. **Authorised Signatory 5.ALL DESPUTES SUBJECT TO JAIPUR JURISDICTION ONLY.**