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

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

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

TENWEL PHARMACEUTICALS

GROUND FLOOR, SHOP NO. 33, PIPLI

WALA TOWN, CHANDIGARH

Buyer

CHANDIGARH-160101

Chandigarh Code. 04

GSTIN No. **04FFFPS4259E1ZC**

PAN No. FFFPS4259E

Invoice No.

DS/24-25/2120 Date **CREDIT MEMO**

25/02/2025

Due Date 07/03/2025

Order No.:

Invoice Type

Despatch By

Freight:

G.R.No.: Eway Bill No.: **761505345400** Dated

Cases:

D.L.	No.	5565-2016/OB	SW

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	LEVOPI-750 TAB	300420	24K-T2331	01/27	4600		0.00	29.00	0.00	12.00	133400.00
								Basic Am	ount		133400 00

HSN Code	Tax Description	Assessable Value	IGST Value
30042070	IGST 12.0%	133,400.00	16,008.00

Basic Amount 133400.00 Sale Return 0.00 **Total Discount** 0.00 Oth.Charges Amt 0.00 **IGST TAX** 16,008.00

149408.00

Net Amount Payable (In Words):

Rupees One Lakh Forty Nine Thousand Four Hundred Eight Only.

Bank Details:

HDFC BANK LTD, KISHANPOLE BAZAR JAIPUR

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

Terms:

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.

Net Amount

Authorised Signatory