TAX INVOICE Original

Due Date

Dated

11/03/2025

## 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

01/03/2025 Buyer Invoice No. **DS/24-25/2152** Date **CREDIT MEMO** Invoice Type

Order No.: **BBB 3 2 ND FLOOR DOONI HOUSE FILM** 

Despatch By **COLONY JAIPUR** 

G.R.No.: **JAIPUR-302001** 

Rajasthan Code. 08 Eway Bill No.: Cases:

GSTIN No. 08DENPM4736P1ZL PAN No. DENPM4736P Freight:

D.L.No. N- 5651

**MANAN PHARMA** 

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	RISOL-GEL	300490	A-250209	08/26	480	170ML	125.00	15.50	0.00	12.00	7440.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value	Basic Amount Sale Return	7440.00 0.00
300490	CGST 6.0%+SGST 6.0%	7,440.00	446.40	446.40	Total Discount	0.00
					Oth.Charges Amt	0.00
					CGST TAX	446.40
					SGST TAX	446.40
					Net Amount	8333.00

Net Amount Payable (In Words ):

Rupees Eight Thousand Three Hundred Thirty Three 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.**