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

22/03/2025 Buyer Invoice Type **SANTOSH PHARMA DISTRIBUTORS**

47/VAIDYA VATIKA NEW SANGANERROAD,

SODALA JAIPUR-

Rajasthan Code. 08

GSTIN No. 08ANVPM0427B1Z2 PAN No. ANVPM0427B

D.L.No. 8482--43

DS/24-25/2289 Invoice No. Date

CREDIT MEMO

01/04/2025 Due Date

Despatch By G.R.No.: Dated

Eway Bill No.: Cases:

Freight:

Order No.:

SNo	Description Of Goods	HSN	Batch No	Exp.	Qty	Pack.	MRP	Rate	Disc. %	GST	Amount
1	MASO-CR 500 TAB	300490	MT-082447A	07/26	20	1*10	102.00	38.00	0.00	12.00	760.00

HSN Code	Tax Description	Assessable Value	CGST Value	SGST Value
300490	CGST 6.0%+SGST 6.0%	760.00	45.60	45.60

Net Amount Payable (In Words):

Rupees Eight Hundred Fifty One 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.**