## Tax Invoice

**Frank Ross Pharmacy** 

Store name Store Address

Valid Upto: DL No.: CIN No.:

Order Id: Invoice No.: Invoice Date:

Doctor Name: Dr. C. K. Biswas

Patient Name: Debayan Sen Shipping Address: AE-302, Sector-1, Salt

Billing Address: AE-302, Sector-1, Salt

Lake, Kolkata-700064

Pin Code: 700064

Landmark: Sen Mahashaya Sweet Shop

Mfg. Schd. Batch No. Items

Mfg.

Mfg.

Mfq.

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Mfa

Items

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Phone No: 9674308102

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Evn Data

Pin Code: 700064 Landmark: Sen Mahashaya Sweet Shop Phone No: 9674308102

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Lake, Kolkata-700064

Qty.

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ПОМ

Vat No:

MRP **Amount** 

Amount

Amount

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Amount

**Amount** 

Amount

MRP

MRP

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MDD

MRP

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<u>C</u>	Gross <u>c</u>	<u>Less</u> Discount (-		Less motions (-)	<u>Less</u> Prepaid (-)	<u>Net</u> Amount		venience ees (+)		ayable unt (INR)

<u>Gross</u>	<u>Less</u> <u>Discount (-)</u>	Promotions (-)	<u>Less</u> <u>Prepaid (-)</u>	<u>Net</u> <u>Amount</u>	<u>C</u>
Mfg.	Batch No.	Exp. Date	Qty.	UOM	

Payable amount in words: Ten Thousand Fifty five only

Signature of qualified person:.....