

Bill To	Transportation Details	Invoice Details
Umar hdjahk ahskdja ashdjka uerytui hfkdsjhf	Transport Name: N/A Delivery Date: 2025-07-06 Delivery location:	Invoice No. 0001 Date: 06-07-25

#	Item name	Quantity	Rate	Discount	Amount
1	MediCure	21	28.5	0%	598.5
				Total	598.5

Amounts	
Sub Total	598.5
Total	598.5
Received	0.00
Balance	598.5

Invoice Amount in Words
Five Hundred And Ninety-Eight and Fifty Paisa Only

Terms and Conditions	
Form 2-A, as specified under Rules 19 and 30, pertains to the warranty provided under Section 23(1)(1) of the Drug Act 1976. This document, issued by Tru_pharma, serves as an assurance of the quality and effectiveness of their products. The warranty ensures that the drugs manufactured by Tru_pharma comply with the prescribed standards and meet the necessary regulatory requirements. By utilizing Form 2-A, Tru_pharma demonstrates its commitment to delivering safe and reliable pharmaceuticals to consumers. This form acts as a legal document, emphasizing Tru_pharma's responsibility and accountability in maintaining the highest standards in drug manufacturing and distribution.	

For : Tru_Pharma

Authorized Signatory