## Tru-Pharma

## trupharmaceuticalfsd@gmail.com

Bill To	Transportation Details	Invoice Details
Umar hdjahk ahskdja ashdjka uerytui hfkdsjhf	Transport Name: p'diofgu oisdhjg[piosdjgilkad[klgaog o[aieriogaio[gaoei[g aiorio[ga io[eg io[` Delivery Date: 2025-07-06 Delivery location: ;ol klar gjkoag ae hjgo aejg aepioga jepae ujgapeg hnjaelgaj dpgf	Invoice No. <b>0001</b> Date: <b>06-07-25</b>

#	Item name	Quantity	Rate	Discount	Amount
1	HealthBoost	29	35.0	0%	1015.0
				Total	1015.0

Amounts	
Sub Total	1015.0
Total	1015.0
Received	0.00
Balance	1015.0

## **Invoice Amount in Words**

One Thousand And Fifteen 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**