



PHARMACY

29/A, First Floor, Phase 3, 27th Main, Sector 1, HSR Layout, Blore
KARNATAKA - 560102, INDIA

Phone No.: 8797080808 GSTIN: 29BZJPD4558B1ZE

RETAIL SALES

Patient UHID : 23-24/VRK/1529
Patient Name : EKTA MISHRA
Age/Gender : 35 Year(s) / Female
Doctor : Dr. Sneha Shetty
DL No. : KA-B62-242009 KA-B62-242010
Address : C-612, Seetharampalya, Aratt premier apartment Karnataka

Invoice No. : 23-24/RB/3989
Invoice Date : 3/11/24, 1:03 PM
Patient Type : Cash
Doctor Redg. No. : .

Sl. No.	Item Name	HSN	Batch No	Expiry	Rate	Qty	Tax %	Tax Amt.	Net Amt.
1	D-SERVE 60K NANO	2	S-50124	06/2025	71.43	8	12.00	68.57	640.00
2	TAB CABGOLIN 0.5 MG	1	GKE0566A	02/2025	107.59	4	12.00	51.64	482.00
3	TAB DUPIASTON 30'S PACK	1	KAVAG3002	09/2026	70.98	45	12.00	383.3	3577.50
4	NIDAGLAN GEL	0	JJAA06	09/2024	186.61	15	12.00	335.89	3135.00
5	TAB ECOSPRIN 75 MG	1	04010069	11/2025	0.34	15	12.00	0.61	5.70
6	TAB THYROPACE.	1	650SPL2308 F	11/2024	11.3	30	18.00	61.0	399.90
Gross Amt (?)									7,339.10
Tax Amt.									901.01
Total Amt									8,240.00

Receipt No. : 23-24/REC/7981

PAYMENT DETAILS	
Payment Mode	Patient Paid Amount (₹)
ePayment	8,240.00

Taxable Amount	CGST		SGST		IGST		Total GST
7,000.19	6.0%	420.01	6.0%	420.01	0.0%	0.00	840.02
338.90	9.0%	30.50	9.0%	30.50	0.0%	0.00	61.00

Eight Thousand Two Hundred and Forty Rupees Only

Amount In Words :

Print Date: 11/03/2024 1.03 PM

Note:

- 1.) While returning unused medicines, Original Bill must be produced
- 2.) Returns would be accepted within one month of Sale
- 3.) Open, half used or temperature sensitive medications will not be accepted on return
- 4.) Returns Accepted from Monday to Friday between 10 AM to 5 PM

Pharmacist Signature
User : Harshita Parash



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RETAIL SALES

Patient UHID : 23-24/VRK/1529
Patient Name : EKTA MISHRA
Age/Gender : 35 Year(s) / Female
Doctor : Dr. Sneha Shetty
DL No. : KA-B62-242009 KA-B62-242010
Address : C-612, Seetharampalya, Aratt premier apartment Karnataka

Invoice No. : 23-24/RB/3942
Invoice Date : 3/9/24, 2:16 PM
Patient Type : Cash
Doctor Redg. No. :

Sl. No.	Item Name	HSN	Batch No	Expiry	Rate	Qty	Tax %	Tax Amt.	Net Amt.
1	NIPRO SYRINGE 2ML	2	24B03K82	01/2029	8.93	1	12.00	1.07	10.00
2	PRICKING CHARGES	2	NA	12/2026	60.0	1	0.00	0.0	60.00
3	CAP ATPCELL-Q 300	1	0241222D	11/2024	87.5	60	12.00	630.0	5880.00
4	CAP SUREMA	1	CSC-23009	01/2025	36.44	30	18.00	196.78	1290.00
5	INJ EUTRIG HP 5000IU	1	LIHVB2327 A	10/2025	417.44	2	5.00	41.74	876.62
								Gross Amt (?)	7,247.03
								Tax Amt.	869.59
								Total Amt	8,117.00

Receipt No. : 23-24/REC/7882

PAYMENT DETAILS	
Payment Mode	Patient Paid Amount (₹)
ePayment	8,117.00

Taxable Amount	CGST		SGST		IGST		Total GST
5,258.93	6.0%	315.54	6.0%	315.54	0.0%	0.00	631.07
60.00	0.0%	0.00	0.0%	0.00	0.0%	0.00	0.00
1,093.22	9.0%	98.39	9.0%	98.39	0.0%	0.00	196.78
834.88	2.5%	20.87	2.5%	20.87	0.0%	0.00	41.74

Amount In Words :

- Note:
- 1.) All returns must be produced within 15 days, Original Bill must be produced
 - 2.) Returns would be accepted within one month of Sale
 - 3.) Open, half used or temperature sensitive medications will not be accepted on return
 - 4.) Returns Accepted from Monday to Friday between 10 AM to 5 PM

