ROTARY AMBALA MEDICAL STORE

Purchase Order

Vendor Address

ROTARY AMBALA MEDICAL STORE

Opp. Dussehra Ground, Ram Bagh Road, Ambala Cantt. Mobile No.: 7496956703,7082840888

GSTIN No.: 06AABAR5319R1Z1

PO No. PO-22-3996 **PO Date** 2022-03-03 Ref. No. 29030322

GUPTA MEDICARE SHOP NO.115 JAGGI GARDEN, Phase 2, AMBALA CITY, HARYANA 8295517216

S.No.	Description of Goods	HSN	Pack	No. of	Qty in	Unit	Total	Discount	Taxable	CGST		SGST	
		Code	Size	Packs	Units	Price			Amt	Rate	Amt	Rate	Amt
1	PERNIT CT 60ML LOTION	3004	1	30	30	79.2	2376.0		2376.0	6	142.56	6	142.56
2	LUNIT CREAM 20GM	3004	1	40	40	180.0	7200.0		7200.0	6	432	6	432
3	IRBOSYN TAB.	3004	10	500	5000	6.84	34200.0		34200.0	6	2052	6	2052
4	TUFBACT-CV TABLET	3004	6	70	420	38.459	16152.78		16152.78	6	969.1668	6	969.1668
5	REVLIV TABLET	3004	10	30	300	46.8	14040.0		14040.0	6	842.4	6	842.4
6	UBICARNIUM CAP.	3004	10	10	100	37.95	3795.0		3795.0	6	227.7	6	227.7
7	RABDON-DSR	3004	10	400	4000	6.48	25920.0		25920.0	6	1555.2	6	1555.2
8	AQUIN-500	3004	10	20	200	6.104	1220.8		1220.8	6	73.2479999 9999999	6	73.2479999 9999999
9	NIMODIP TAB.	3004	10	10	100	13.786	1378.6		1378.6	6	82.7159999 9999998	6	82.7159999 9999998
10	CAMZI D3 SOFT CAPSULE	3004	10	150	1500	10.8	16200.0		16200.0	6	972.000000 0000001	6	972.000000 0000001
11	NERFIT	3004	10	300	3000	9.0	27000.0		27000.0	6	1620	6	1620
12	SUCAIN GEL 200ML	3004	1	70	70	165.6	11592.0		11592.0	6	695.52	6	695.52
13	ODICAL 60K	3004	1	150	150	89.28	13392.0		13392.0	6	803.52	6	803.52
14	NERFIT-PSR TAB	3004	10	30	300	10.22	3066.0		3066.0	6	183.959999 99999995	6	183.959999 99999995
15	SUCAIN GEL 100ML	3004	1	30	30	80.3	2409.0		2409.0	6	144.54	6	144.54
16	LAXRY SYP 100 ML	3004	1	5	5	82.4	412.0		412.0	2.5	10.3	2.5	10.3
17	PROPER CAPSULE	3004	10	40	400	9.0	3600.0		3600.0	6	216	6	216
18	MUCOPEL 200 SR	3004	10	250	2500	12.374	30935.0		30935.0	6	1856.1	6	1856.1

Terms & Conditions :	You will get your cheque by 20th of the next month		
Warranty/ Guarantee:	N.A.	Sub Total	214889.18
Transport Terms:		Total Tax	25757.86
Payment Terms:		Total	240647.04

Important : Please mention the following information on	Order By	Checked By	Approved By
invoice: 1) Our P.O. No. & Date 2) Our GSTIN No.			