G D.C. 431 GG											
S Patient Name : SS											
	Patient Address:										
	Dr Name :										
	Dr Reg No.										
							Invoice No. : A000005 Date: 27-08-202				
			GST INVOICE				2				
			GST INVOICE								
SN	PRODUCT NAME	PACK	HSN	BATCH	EXP.	QTY	MRP	RATE	SGS	CGST	
1.	S					1	0.00	20.00	0.00	0.00	20.00
GST 20*0%=0SGST, ** GET WELL SOON **								SUB TOTAL		20.00	
Т	Terms & Conditions										
	Goods once sold will not be taken back or exchanged.										
Bills not paid due date will attract 24% interest.											
All disputes subject to Jurisdication only.				For S							
Prescribed Sales Tax declaration will be given.				F0I 3							
Remark:											
	Authorised Signatory								GRAND TOTAL 20.00		
Rs. Twenty Only											