

Phone: 2422271615 E-mail: pinkpmt@dvi

DL No.:

GST NO: 2

TAX INVOICE

Inv No.: 5 7942 Dated: 23-04-2021 GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

20-132550,21-132551	Pay Mode : CASH	(Pink
27AAATP3300N1ZK		Pharma The Genulus Medicine St.
DUCT NAME		

S.NO. 5	A204   PIPZO 4.5GM INJ	GST NO: 27AAATP3300N1ZK					Thi	e Germin	harn	acy store	Dr. Add :				
2	A204 D215	PIPZO 4.5GM INJ	MFAC	PACK	HSN	ВАТСН	EXP.	QTY	FREE	MRP/UNI	T RATE	DISC%	DISC AMT	GST%	Amount
3	E109	CANNULA 33 NO (WANTA)	ALL	-		21170050	02-23	6	0	273.9			ASSESSMENT OF THE PARTY OF THE	12.00	1467.53
4	C216	IV SET (ATDL)	HLA	500ML	DESCRIPTION OF THE PERSON NAMED IN	30602228	11-23	_	0	31.2	8 27.93	10.00	5.59	12.00	55.86
5	E105	DISPOSABLE COMME	AP			05122N	11-25	1	0	177.0	0 158.04	80.00	126.43	12.00	158.04
6	E105	DISPOSABLE STRINGE [DISPOVAN] SML (HSM)	HLA			NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82
7	F104	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM)	HLA			1020SSJL2 103054JL2	12-25	2	0	7.50	6.70	50.00	6.70	12.00	13.39
8	A207	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	The same of		12-25	8	0	7.50	6.70	50.00	26.78	12.00	53.57
-	1407	PAN IUTAS 40MG IV	INTG	VIAL	ACCOUNTS OF THE PARTY OF T	104103JP1 PNDA-369A	12-25	10	0	9.50	20.10	50.00	42.41	12.00	84.82
-1	nzuoj	ONDET INJ 4ML	INTG		-	ION9111	11-22	2	0	49.72	-		22.20	12.00	88.78
				- SINL	2004	IOMATTI	10-22	2	0	26.11	23.31	25.00	11.66	12.00	46.62

Amt In Words: One Thousand Seven Hundred Eighty Nine Rupees only		OUR SAVING		456.3			TOTAL		456.37	,	
Return Policy:	Ask For	GROSS AMT		DISC AMT	TAXABLE	CESS				CGST AMT	2053.44
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0.00	0.00	0.00	0%	0.00			TOTAL AMT
required at the time of return, 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	1000		-	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	The second second	2053.43	0.00	456.37		0.00		0.00	21370	0.00	0.00
at the send of the send cable Conde Corvice Tay Art	Economical	0.00	0.00	0.00		11001101	01070	24411	6.0%	95.77	1788.61
We hereby certify that our registration certificate under the applicable Goods Service Tax Act is in force on the date, that the supply covered by this invoice has been effected by us in	Options	0.00	- Contract		0.00	0.00	Mark States	U IV	9.0%	0.00	0.00
and a course of business.		2053.43	17.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		2055.45	0.00	456.37	1597.07	0.00		95.77	Marine .	1000000	
Credit Limit: 0	FOT PRAVARA ME	DICALS STORE	ES SHOP NO	).3	CALDER			75.17		95.77	1788.61
cu.					C/N REF:				INV. A	MT. :	1788.61
DP: 3422315.00 O\S: -2437.00 LPD:	Pf	narmacist / Au	uthorized		D/N REF : Prep By :KIR.	ANC			The state of	R NOTE :	0.40
WISHING YOU PINK OF HEALTH Page: 1 or 1				-	1 -7 -1111				GRAN	D TOTAL :	1789.00



PRAYARA MEDICALS STORES SHOP NO.1 C/O PRAYARA RURAL HOSPITAL, GR.FLOOR, BESIDE CASUALTY WARD, LONI BK, TAL-RAHATA, DIST-AHMEDNAGAR, PRAVARA

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-182837,208-182838,21-182841,21B-182842, NDF

TAX INVOICE

Inv No.: S 4621

Dated: 23-04-2021 Time : 07:53 PM Pay Mode : CASH

Pink Pharmacy

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT HOSPITAL

Dr. Add : ,C/O PRAVARA REIRAL HOSPITAL;LONI, PRAVARA NAGAR

10000000	Ministration of the											-	STATE OF THE PARTY NAMED IN	Management	The second second
5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
2	nn c	Provide the Providence of the	Tell Fre	THER	Hotel	BAICH	Total Control	-	200000			HEROGOTI-		5.00	3426.67
1	DH-6	PPE KIT (HEALTHPRO)	HEALTH	1.2	6307	PPF003	05-22	2	0	1799.00	1713,33	50.00	1713.33	5,00	3420.07

YC	OUR SAVING		1713.33	1		TOTAL	:	1713.3	3	3426.66
Ask For		-		TAXABLE	10000000	STREET, SQUARE,	-	CGST%	CGST AMT	TOTAL AMT
		(01/10)	20100		0.00	0%	0.00	0%	0.00	0.00
	3426.67	0.00	1713.33	1713.33	0.00	2.5%	42.83	2.5%	42.83	1798.99
Options Or	0.00	0.00	0.00	0.00	0.00	6.0%	0	6.0%	0.00	0.00
Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
1	3426.67	0.00	1713.33	1713.33	0.00		42.83		42.83	1798,99
FOR PRAVARA MED	ICALS STORI	ES SHOP N	0.1	CALBER				1884		
TOTTHANNA				Control Control				INV.	AMI. ;	1798.99
-				D/N REF:				CR/I	DR NOTE :	0.00
Ph	armacist / A	uthorized		Prep By :KAI	LAS			GRAI	HD TOTAL :	1799.00
	Ask For Generic Options Or Economical Options For PRAVARA MED	Ask For   GROSS AMT   0.00	Ask For GROSS AMT SCH AMT   0.00	Ask For GROSS AMT   SCH AMT DISC AMT   0.00   0.0	ASK FOF   0.00   0.00   0.00   0.00   0.00	Ask For Generic   0.00   0.0	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   CESS   C	Ask For Generic Options Or Economical Options	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%	ASK FOY   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%   CGST AMT   CGST AMT



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvljaypharma.com DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: S 7956 Dated: 23-04-2021

Time : 08:38 PM Pay Mode : CASH GC0021-PMT-CASH

Pink Pharmacy

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT HOSPITAL

Dr. Add : ,C/O PRAVARA RURAL HOSPITAL,LONI,PRAVARA NAGAR

S.NO.	SHELF	PRODUCT NAME	MFAC	DACK		/200000		-				_			
1	E109	CANNIII A 22 NO (USA)			HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
		The state of the s	HLA	1.2	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04

Aint in words; funty rive nupees only		OUR SAVING:	-	126.4			TOTAL	L:	126.4	13	158.0
Return Policy:		GROSS AMT	Company of the last of the las	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AM
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy required at the time of return, 3)Cold Chain items will not be taken back		0.00	0.00	0.00	0.00	0.00		0.00			0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Li	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
The replacement of mentalic reception, of reason and mentality services.	options of	158.04	0.00	126.43	31.61	0.00	6.0%	1.89	6.0%		35.39
We hereby certify that our registration certificate under the applicable Goods Service T		0.00	0.00	0.00	0.00	0.00	9.0%	0.00	III CONTRACTOR	TAIL TO SERVICE STATE OF THE PARTY OF THE PA	0.00
is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%		0.00
# Item keep in Freeze. **Item No Return after sale		158.04	0.00	126.43	31.61	0.00		1.89		1.89	35.39
LSD: Credit Limit: 0	For PRAVARA MED	CALS STORES	SHOP NO	).3	C/N REF :				INV.	AMT. :	35.3
TDP: 3436964.00 O\S: -2437.00 LPD:					D/N REF:				CR/D	RNOTE :	-0.39
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / Aut	thorized		Prep By :KAI	LAS			GRAN	ID TOTAL :	35.00



Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

Amt In Words: One Thousand Six Hundred Ninety Four Rupees only

TAX INVOICE

Inv No.: 5 8124 Dated: 24-04-2021

Time : 11:57 AM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT PATEL

TOTAL:

1351.92

Dr. Add:

Pink
Pharmacy

1351.92

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	ОТУ	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
1	0209	VEIN O LINE S 100CM (ROMSONS)	ROM	1'5	3005	G20122460	11-25	100.000	0	331.00		Contract of the last	Description of the last	12.00	295.54
2	D106	DISPOSABLE SYRINGE [DISPOVAN] 50ML (HSM)	HLA	50ML	9018	107506WN2	01-26		0	42.00	37.50		- Anna	12.00	37.50
3	C216	IV SET (ATPL)	AP	1.2	9018	NANO/719	01-24	2	0	95.00	84.82	Bestdetele	135.71	12.00	169.64
4	D205	ELASTIC ADHESIVE 10 [GOLDWIN]	GWM001	1.2	3005	PP21004	01-24	1	0	850.00	758.93	The state of the s	607.14	12.00	758.93
5	E109	CANNULA 22 NO (HSM)	HLA	1.2	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
6	A209	SODIUM BICARBONATE INJ 25ML	TWAL	25ML	3004	19123	08-22	4	0	38.35	34.24	0.00		12.00	136.96
7	B261	LEVOFLOX 500MG TAB	CIL	10'5	3004	SB00989	07-23	4	0	9.00	8.04	5.00		12.00	32.15
8	A203	MEROSURE 500MG INJ	ALL	VIAL	3004	21460128	01-23	2	0	526.00	469.64	25.00	234.82	12.00	939.28
9	B154	CLARIBID 500MG TAB 10'S	AHPL	10.2	3004	MBF0161	08-22	4	0	55.06	49.16	0.00		12.00	196.64
10	B414	SUPRADYN TAB	AHPL	15`S	3004	MH3869.	11-22	4	0	2.26	2.02	5.00	0.40	12.00	8.08
11	B261 (	CELIN 500MG CHEW TAB 20°S	GLAXO	20.2	3004	CK20156	02-22	4	0	1.53	1.37	0.00		12.00	5.48
12	E220 N	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	8	0	17.65	15.76	0.00	0.00	12.00	126.06

Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	The state of the s	0.00	0.00	0.00	8.00	0.00		0.00	-	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back  4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
4) To replacement of medicine Accepted, 3) Frease check medicines before cearing	options of	2864.29	0.00	1351.92	1512.38	0.00	6.0%	90.67	6.0%	90.67	1693.72
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		2864.29	0.00	1351.92	1512.38	0.00		90.67		90.67	1693.72
LSD: Credit Limit: 0	For PRAVARA MED	ICALS STORE	S SHOP N	0.3	C/N REF:				INV.	AMT. :	1693.72
TDP: 3508722.00 O\S: -2437.00 LPD:					D/N REF:				CR/I	OR NOTE :	0.28
WISHING YOU PINK OF HEALTH Page: 1 of 1	Pha	armacist / Au	rthorized		Prep By :SHI	LPA			GRAI	ND TOTAL :	1694.00

YOUR SAVING:

2864.30

NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 8168 Dated: 24-04-2021

Time : 01:51 PM

Pay Mode : CASH

GC0021-PMT-CASH

Pink Pharmacy

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.NITISH GARG

Dr. Add: ,C/O PRAVARA RURAL HOSPITAL,PRAVARA NAGAR

1 D210 THREE WAY STOP COCK (ROMSONS)  POWN PACK HSN BATCH EXP. QTY FREE MRP/UNIT RATE DISC % DISC AMT GST % Amount	S.NO. SHE	EIE BOOME	1			1000	1								
1 DZ TO THREE WAY STOP COCK (ROMSONS)	CHICAGO CONTRACTOR	PRODUCT MAME	MFAC	PACK	HSN	BATCH	EXP.	оту	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1 S 9018 G20102222   09-25   1 0   136.00   121.43   80.00   97.14   12.00	11 02	THREE WAY STOP COCK (ROMSONS)	ROM	1'5	9018	G20102222	09-25		0	136.00		-		San	121.43

Amt In Words : Twenty Seven Rupees only	Y	OUR SAVING:		9/.14	the state of		TUTAL:		9/.14		121.43
	A 1 F	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	(ESS)	SGST% S	GST AMT	GST%	GST AMT	TOTAL AMT
Return Policy: 1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Ask For	0.00	0.00	STATE OF THE PERSON NAMED IN	0.00	0.00	0%	0.00	0%	0.00	0.00
1)Return within 15 days of rurtiese it not contained post of the required at the time of return, 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	Options Or	121.43	0.00	97.14	24.29	0.00	6.0%	1.45	6.0%	1.45	27.19
	Fronomical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
is in force on the date that the supply covered by this involved and business.	100	121.43	0.00	97.14	24.29	0.00		1.4	5	1.45	27.19
# Item keep in Freeze. **Item No Return after sale	For PRAVARA ME	DICALS STOR	ES SHOP N	10.3	CALDEE.			11 70	INV.	AMT. :	27.19
Crodit Limit: 0	For PRAVAKA ME	DICKE STOR	2/	,,,,	C/N REF:				CR/	DR NOTE :	-0.19
TDD: 2522134 00 O\S: -2437.00 LPD:	P	harmacist/	urthurized	d	Prep By :Pi	RITAM			GRA	ND TOTAL	27.00
WISHING YOU PINK OF HEALTH Page: 1 of 1	1 1 1 10							_			-



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

CT NO. 27AAATP3300N17K

O\S: -2437.00

Page: 1 of 1

TDP: 3607590.00

WISHING YOU PINK OF HEALTH

## TAX INVOICE

Inv No.: 5 8380

Dated: 25-04-2021 Time : 10:10 AM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT

Dr. Add:

Pink Pharmacy

Prep By :SONALI A

		GST NO: Z/AAAIP3300N1ZK			_										Amount
SNA	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	G51%	
3.190.		MEROSURE SOOMG INJ	ALL	Listance	1	21460246	02-23	2	0	526.00	469.64	25.00	234.82	12.00	939.28
- !		HUMAN ACTRAPID 40IU INJ 10ML	ABBOTT	11.00.00	S CONTRACTOR	B-70570	04-23		0	157.57	150.07	0.00	0.00	5.00	150.07
			ABBOTT		-		11-22		0	171.67	163.50	0.00	0.00	5.00	163.50
3		DUPHALAC SYP 150ML		1 1000000000	-	ION9111	10-22		0	26.11	23.31	25.00	17.48	12.00	69.94
4		ONDET IN J 4ML	INTG	2000	d governmen	SCHOOL STATE	11-23		0	31.28	27.93		-	12.00	83.78
5		NS 0.9% INF 500ML (AMANTA) ————————————————————————————————————	AMA	, Salesania	THE RESIDENCE		-		0	1799.00	1713.33		-	5.00	1713.33
6	1000000	PPE KIT (HEALTHPRO)	HEALTH		A DESCRIPTION	PPE001	05-22		0	6.00	5.36		-		26.79
7	E110	DISPOSABLE SYRINGE [DISPOVAN] 2.5ML (HSM)	HLA	7 - 10 0000	10000000	A SOCIAL PROPERTY OF THE PARTY	12-25	-	0						33.48
8	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	-	5 0	7.50	-	50.00	-		42.4
9	E104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10MI	L 9018	104103JP1	12-25		5 (	9.50	8.4	8 50.00	21.2	12.00	42.4

	Y	OUR SAVING	:	1168.69			TOTAL	:	1168.6	9	3222.59
Amt in Words: Two Thousand Two Hundred Eighteen Rupees only		GROSS AMT		DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
Return Policy:  1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Ask For	0.00	THE PERSON NAMED IN	0.00	0.00	0.00	-	0.00	SHEET STATES	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	2026.89	0.00	856.67	1170.24	0.00	2.5%	29.24	2.5%	29.24	1228.72
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	Options Or	1195.68	0.00	312.02	883.66	0.00	6.0%	52.99	6.0%	52.99	989.64
	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
We hereby certify that our registration certificate under the applicable Goods Service Tax Act is in force on the date that the supply covered by this invoice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.09	0.00	14.09	6 0.00	0.00
regular course of business.		3222.57	0.00	1168.69	2053.90	0.0	0	82.23		82.23	2218.36
# Item keep in Freeze. **Item No Return after sale				10.2					INV	. AMT. :	2218.3
: (redit Limit: 0	For PRAVARA MEI	ICALS STOR	ES SHUP N	10.3	C/N REF:					DR NOTE :	-0.3



2218.00

GRAND TOTAL :



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

TAX INVOICE

Inv No.: 5 8675

Dated: 26-04-2021

Time : 11:13 AM Pay Mode : CASH GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT

Dr. Add:

(Pink Pharmacy

5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	A203	MEROSURE SOOMG INJ	ALL	VIAL	3004	21460246	02-23	1	0	526.00	469.64	25.00	117.41	12.00	469.64
2	E108	PPE KIT CLASSIC (APEX)	APEX	1'5	6307	SUREKSH	02-25	1	0	1499,00	1338.39	50.00	669.20	12.00	1338.39
3	E104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	1	0	9.50	8.48	50.00	4.24	12.00	8.4
4	E220	NSTNF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.0
5	A208	ONDETINI 4ML	INTG	4ML	3004	ION9111	10-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
6	E109	CÁNNULA 22 NO (HSM)	HLA	1'S	9018	05122N	11-25	2	0	177.00	158.04	80.00	252.86	12.00	316.07
7		N95 FACE MASK (VENUS)	VENUS	1'5	8423	K7-127	03-23	2	0	29.40	28.00	0.00	0.00	5.00	56.00

Amt In Words : One Thousand Four Hundred Eight Rupees only	YC	OUR SAVING		1061.1	9		TOTAL	L:	1061.1	9	2321.55
Return Policy:	Ack For	<b>GROSS AMT</b>	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Ask For	0.00	0.00	0.00	0.00	0.00	0%	0.00	096	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	56.00	0.00	0.00	56.00	0.00	2.5%	1.40	2.5%	1.40	58.80
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	Options Or	2265.55	0.00	1061.19	1204.36	0.00	6.0%	72.24	6.0%	72.24	1348.84
We hereby certify that our registration certificate under the applicable Goods .Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
is in force on the date that the supply covered by this invoice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
regular course of business. # Item keep in Freeze. **Item No Return after sale	1	2321.55	0.00	1061.19	1260.36	0.00		73.64		73.64	1407.64
	FOT PRAVARA MED	ICALS STORE	S SHOP N	0.3	C/N REF:				INV.	AMT. :	1407.64
LSD: Credit Limit: 0  TDP: 3720921.00 O\S: -2437.00 LPD:	,				D/N REF :				CR/E	R NOTE :	0.36
WISHING YOU PINK OF HEALTH Page: 1 of 1	Pha	rmacist / Au	ıthorized		Prep By :RUI	PALIN			GRAN	ID TOTAL :	1408.00



Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 8824 Dated: 26-04-2021

Time : 08:51 PM Pay Mode : CASH

Serviced by

(Pink Pharmacy

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT HOSPITAL Dr. Add : ,C/O PRAVARA RURAL HOSPITAL,LONI,PRAVARA NAGAR

S.NO. SHELF PRODUCT NAME			- I I was sweet
1 C211 PROCTOLYSIS ENEMA	MFAC PACK HSN BATCH	EXP. QTY FREE MRP/UNIT RATE	DISC % DISC AMT GST % Amount 89.28
	IRA 100MI 2004	07-21 2 0 50.00 44.64	65.00 58.03 12.00 89.28

Amt In Words : Thirt	y Five Rupees only		Y	OUR SAVING :		58.03		-	TOTAL		58.0	3	89.28
Return Policy:	us of Durchaco if not Con	sumed, 2)Original Bill Copy	William Street, Spice of	GROSS AMT	SCH AMT	A STATE OF THE PARTY OF THE PAR	TAXABLE	CESS		SGST AMT	CONSTRUCTION N	Name and Address of the Owner, where the Owner, which is	TOTAL AMT
required at the time of	return 3 Cold Chain ite	ms will not be taken back	-	0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
		se check Medicines Before Leaving	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
		a died incurding perore fearing	Options Or Economical	89.28	0.00	58.03	31.25	0.00	6.0%	1.87	6.0%	1.87	34.99
	hereby certify that our registration certificate under the applicable Goods Service Tax Act force on the date, that the supply covered by this invoice has been effected by us in the course of hydroges.			0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
is in force on the date that t regular course of business.				0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	Unit Marie	0.00
APPROC. AND	**Item No Return af	ter sale		89.28	0.00	58.03	31.25	0.00		1.87	-	1.87	34.99
LSD:	m keep in Freeze. **Item No Return after sale  Credit Limit: 0			ICALS STORE	S SHOP NO	).3	C/N REF:	Pa Tra			INV.		
TDP: 3775474.00	0\5: -2437.00	LPD:					D/N REF :						34.99
		Page: 1 of 1	Pha	ermacist / Au	thorized		Prep By :YO	ECUP			The second	DR NOTE :	0.01
VISHING YOU PINK OF H	EALIH	Tagerrorr					cp by . roc	ICOUR			GRA	ND TOTAL :	35.0



WISHING YOU PINK OF HEALTH

PRAVARA MEDICALS STORES SHOP NO.3 C/O PRAVARA RURAL HOSPITAL, EXTENSION BUILDING, LONI, TAL:RAHATA, DIST:AHMEDNAGAR, PRAVARA

Page: 1 of 1

NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

TAX INVOICE

Inv No.: 5 8949

Dated: 27-04-2021 Time: 11:25 AM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

Dr. Add :

2-9540	20000	dat No. 27 AAATP3300N IZK					8			1					
5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	ОТУ	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1		MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23		0	526.00	469.64	25.00	The second second	12.00	1878.57
2		ONDET IN J 4ML 3	INTG	4ML	3004	ION9111	10-22	6	0	26.11	23.31	25.00		12.00	139.87
3	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	3	0	17.65	15.76	A STATE OF THE PARTY OF THE PAR	0.00	12.00	47.27
4	D215	NS 0.9% INF SOOML (AMANTA)	AMA	500ML	3004	30602228	11-23	6	0	31.28	27.93	10.00		12.00	167.57
5	£104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	4	0	9.50	8.48	50.00	1000000000	12.00	33.93
6		DISPOSABLE SYRINGE [DISPOVAN] SML (HSM) 4	HLA	5ML	9018	103054JL2	12-25	4	0	7.50	6.70	50.00		12.00	26.78
7		IV SET (ATPL)	AP	1.5	9018	NANO/719	01-24	1	0	95.00	84.82	80.00		12.00	84.82
8		CANNULA 22 NO (HSM)	HLA	1.2	9018	05122N	11-25	1	0	177.00	158.04	80.00		12.00	158.04
9		PPE KIT (HEALTHPRO)	HEALTH	1'5	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00		5.00	1713.33
10		ELDERVIT 12 INJ 1.5ML	ELD	1.5ML	2309	EP-0308	10-22	1	0	27.10	24.20	- Contraction of		12.00	24.20
11	FR-1	HUMAN ACTRAPID 40IU INJ 10ML	ABBOTT	10ML	3004	B-70570	04-23	1	0	157.57	150.07	0.00		5.00	150.07
					-		_	_	-				- S6666		150,07

Jess - Return Total Bill Am

Prep By :SHILPA

Pink
Pharmacy

- 2133 Oktob 943 18.05.21

GRAND TOTAL :

3076.00

Amt In Words - Three	Thousand Seventy Six Rupees only		NID CHING		- United States	0 101 0		,	2	, –	12.	07.21.
	Thousand Seventy SIX Rupees only	Y	OUR SAVING		1614.7	7	)	TOTAL	L:	1614.7	17	4424.44
Return Policy:		Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
	s of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
	return, 3)Cold Chain items will not be taken back edicine Accepted,5)Please check Medicines Before Leaving:	Generic	1863.40	0.00	856.67	1006.74	0.00	2.5%	25.16	2.5%	25.16	1057.06
13110 replacement of his	entitle Accepted, 3/1 lease their mentiones betwee tearing	Options Or Economical	2561.05	0.00	758.11	1802.93	0.00	6.0%	108.12	6.0%	108.12	2019.17
	hereby certify that our registration certificate under the applicable Goods Service Tax Act		0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
is in force on the date that regular course of business.	the supply covered by this invoice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
	. **Item No Return after sale		4424.45	0.00	1614.77	2809.67	0.00		133.28		133.28	3076.23
LSD:	Credit Limit: 0	For PRAVARA MEI	DICALS STORI	S SHOP N	0.3	C/N REF :				INV.	AMT. :	3076.2
TDP: 3847656.00	O\S: -2437.00 LPD:					D/N REF :				CR/I	OR NOTE :	-0.24

Pharmacist / Authorized



PRAVARA MEDICALS STORES SHOP NO.3
C/O PRAVARA RURAL HOSPITAL, EXTENSION BUILDING,

LONI, TAL:RAHATA, DIST:AHMEDNAGAR, PRAVARA

NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

TAX INVOICE

Pink
Pharmacy
The Genuine Medicine Store

Inv No.: 5 9239 Dated: 28-04-2021

Time : 12:32 PM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: SUNIL KULKARNI

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.NITISH GARG

Dr. Add: ,C/O PRAVARA RURAL HOSPITAL,PRAVARA NAGAR

		GST NO: Z/AAAIP33UUN IZK							_		100000000000000000000000000000000000000	Annual State of the last of th	RESIDENCE OF THE PARTY.		
			MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC%	DISC AMT	GST%	Amount
S.NO.	SHELF	PRODUCT NAME	MILM		100000000000000000000000000000000000000		07.22		0	9.00	8.04	5.00	2.41	12.00	48.22
1	B261	LEVOFLOX 500MG TAB	CIL	10.2	3004	SB00989	07-23		0					12.00	84.82
-	Saltasii	PIL	AD	110	0018	NANO/719	01-24		0	95.00	84.82	80.00	67.86	12.00	04.02
2	(216	IV SET (ATPL)	AP		Total Control	DATE OF THE PARTY	12/0/2002		1	17.65	15.76	0.00	0.00	12.00	63.03
7	F220	NSINF 100ML (AMANTA) (4)	AMA	100ML	3004	20603367	11-23	4	U	110000000	15000			42.00	1566.07
1 3				THAT	2004	21460242	02-23		0	877.00	783.04	25.00	391.52	12.00	1000.07
4	A203	MEROSURE KIT 1GM INJ-2	ALL	VIAL	3004	21400242		_		27.40	24.20	50.00	24.20	12.00	48.39
-	A174	FLDERVIT 12 INJ 1.5ML	ELD	1.5ML	2309	EP-0308	10-22	2	0	27.10	24.20	30.00			1.10000000
2	H124	ELDERVIT IZ INJ 1,3ML	-		12000	G 770000000	02-22		n	550.00	466,10	0.00	0.00	18.00	466.10
1 6	(108	OUISTA DN POWDER (MILK MASALA)	HIMA	400GM	2106	972000020	02-22		-			OF THE PARTY OF TH		500	1713.33
-			HEALTH	15	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1/13.33
1	1108	PPE KIT (HEALTHPRO)	III.ALIII	1.0		No. of Contract of	-	_							

Amt In Words: Two Thousand Nine Hundred Thirty Three Rupees only	Y	OUR SAVING :		1342.6	5		TOTAL	.:	1342.6	5	3989.97
		GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
Return Policy:  1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Ask For	0.00	0.00	0.00	THE RESERVE OF THE PERSON NAMED IN	0.00	-		-	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	1713.33	0.00	856.67	856.67	0.00	2.5%	21.41	2.5%	21.41	899.49
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leav	options Or	1810.54	0.00	485.98	1324.55	0.00	6.0%	79.45	6.0%	79.45	1483.45
	Economical	466.10	0.00	0.00	466.10	0.00	9.0%	41.94	9.0%	41.94	549.98
We hereby certify that our registration certificate under the applicable Goods Service Tax t is in force on the date, that the supply covered by this invoice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
regular course of business. # Item keep in Freeze. **Item No Return after sale	+	3989.97	0.00	1342.65	2647.32	0.00		142.80		142.80	2932.92
	For PRAVARA ME	DICALS STORE	S SHOP N	0.3	C/N REF:				INV.	AMT. :	2932.92
LSD: Credit Limit: U  TDP: 3972797.00 O\S: -2437.00 LPD:	D/N REF:								CR/E	RNOTE :	0.09
WISHING YOU PINK OF HEALTH Page: 1 of 1	Pharmacist / Authorized Prep By : POOJA K						GRAN	ID TOTAL :	2933.00		



PRAVARA MEDICALS STORES SHOP NO.3 C/O PRAVARA RURAL HOSPITAL, EXTENSION BUILDING,

LONI, TAL: RAHATA, DIST: AHMEDNAGAR, PRAVARA NAGAR-423107

Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE Inv No.: 5 9455

Dated: 29-04-2021 Time : 12:56 PM

Pay Mode : CASH

Serviced by

Pink
Pharmacy
The General Medicine Store

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

S.NO. SHELF PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
1 8261 LEVOFLOX SOOMG TAB	CIL	10.2	3004	SB00989	07-23	6	0	9.00	8.04		2.41		48,22
2 A124 ELDERVIT 12 INJ 1.5ML	ELD	1.5ML	2309	EP-0308	10-22	1	0	27.10	24.20	50.00	12.10	12.00	24.20
3 NS 0.9% IV 100ML (FRESENIUS)	F018	100ML	3004	93QA40401	12-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03
4 B621 PAN D CAP 15'S	ALL	15`S	3004	21440140	12-22	2	0	12.67	11.31	0.00	0.00	12.00	22.6
5 E108 PPE KIT (HEALTHPRO)	HEALTH	1'5	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.3

Amt In Words : One Thousand Sixty Rupees only	Y	OUR SAVING:		871.1	8		TOTA	1.	871.	18	1871.41
Return Policy:	Ask For	GROSS AMT	DAGESTANDA	DISC AMT	TAXABLE	CESS		SGST AMT	A STATE OF THE PARTY OF THE PAR	071	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy required at the time of return, 3)Cold Chain items will not be taken back		0.00	0.00	0.00	0.00	0.00			0%	200000000000000000000000000000000000000	0.00
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving	Generic	1713.33	0.00	856.67	856.67	0.00	2.5%	2,632	2.5%	A STATE OF THE PARTY OF T	899.49
	options of	158.07	0.00	14.51	143.56	0.00	6.0%	THE REAL PROPERTY.		8.59	160.74
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00		0.07	- Control	0.00	0.00
is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		1871.40	0.00	871.18	1000.23	0.00	-	30.00		30.00	1060.23
LSD: Credit Limit: 0	For PRAVARA MED	ICALS STORES	SHOP NO	1.3	C/N REF:			30.00	INV. A	MT. :	1060.23
TDP: 4063374.00 O\S: -2437.00 LPD:					D/N REF:					NOTE :	-0.22
WISHING YOU PINK OF HEALTH Page: 1 of 1	Pha	ermacist / Aut	thorized		Prep By :SHII	LPA				TOTAL :	1060.00



PRAVARA MEDICALS STORES SHOP NO.1 C/O PRAVARA RURAL HOSPITAL,GR.FLOOR, BESIDE CASUALTY WARD,LONI BK, TAL:RAHATA, DIST:AHMEDNAGAR,PRAVARA

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-182837,20B-182838,21-182841,21B-182842, NDF

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: S 5730 Dated: 29-04-2021 Time : 01:44 PM

Pay Mode : CASH

Serviced by Pink Pharmacy

TOTAL .

GC0021-PMT-CASH
Patient Name: KULKARNI SUNIL Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT

COT NO.												Amount
S.NO. SHELF PRODUCT NAME	MFAC	PACK	ucu	n exett	CVD	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT GST %	920 20
	MILAC	PACK	HSN	BATCH	EAF.	Qi.	THE .	A A CONTRACTOR OF THE PARTY OF		The second second second	17 O	939.20
1 M26 MEROSURE 500MG INJ	ALL	VIAI	3004	21460246	07-23	2	0	526.00	469.6	4 25.00	234.02	

_	SUNCESCO CONTRACTOR OF THE PERSON OF T	Description of the last	DESCRIPTION OF THE PARTY OF THE		_	IVIA	200	234.8	2	939.28
Ask For				TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
THE WAY				0.00	0.00	0%	0.00	0%	0.00	0.00
	-000		0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
	533.20	0100	234.82	704.46	0.00	6.0%	42.26	6.0%		788.98
Ontions	2000	0.00	0.00	0.00	0.00	9.0%			The state of the s	
Options	A 2015		0.00	0.00	0.00	14.0%		-	7070000	0.00
	939.28	0.00	234.82	704.46	20000000	-	in the state of th	Section 1		0.00
FOR PRAVARA MED	ICALS STORE	S SHOP N	0.1			1	1 42.20		42.26	788.98
TOT HANDAN				. 20 3 1 2 2 2 2				INV.	AMT. :	788.9
Ph	armacist / Au	thorized						CR/	DR NOTE :	0.0
				гтер ву :ко	HINI	-		GRA	ND TOTAL :	789.0
	Generic Options Or Economical Options For PRAVARA MED	ASK POF Generic Options Or Economical Options	ASK FOF   0.00   0.00	Generic   0.00   0.00   0.00   0.00     Options   0r   939.28   0.00   234.82     Conomical   0.00   0.00   0.00   0.00     Options   0.00   0.00   0.00   0.00     939.28   0.00   234.82     For PRAVARA MEDICALS STORES SHOP NO.1	ASK FOF   0.00   0.00   0.00   0.00   0.00	ASK FOF   0.00	ASK FOP   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%	ASK FOP   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%	ASK FOY   GROSS AMT SCH AMT DISC AMT   TAXABLE   CESS SGST%   SGST AMT   CGST%   CGST AMT

YOUR SAVING:

234.82



NAGAR-423107

Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

**GST SALES RETURN** 

Inv No.: L 561

Dated: 30-04-2021

Time : 03:57 PM

Pay Mode : CASH

Patient Address: PRAVARA HOSPITAL, LONI

Pink Pharmacy

Patient Name: SUNIL KULKARNI

Mobile:9822811918

Doctor Name: DR.NITISH GARG

Dr. Add: ,C/O PRAVARA RURAL HOSPITAL, PRAVARA NAGAR

		GST NO: Z/A/ATP3300N IZK													
S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	E220	NS INF TOOML (AMANTA)	AMA	100ML	3004	20603367	11-23	1	0	17.65	15.76	0.00	0.00	12.00	15.76
2	D215	NS 0.9% INF 500ML (AMANTA)	AMA	500ML	3004	30602228	11-23	1	0	31.28	27.93	10.00	2.79	12.00	27.93
3	E110	DISPOSABLE SYRINGE [DISPOVAN] 2.5ML (HSM)	HLA	2.5ML	9018	104254JK2	12-25	5	0	6.00	5.36	50.00	13.39	12.00	26.79
4	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	1	0	7.50	6.70	50.00	3,35	12.00	6.70
5	E109	CANNULA 22 NO (HSM)	HLA	1'5	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
1	A203	MEROSURE SOOMG INJ	ALL	VIAL	3004	21460246	02-23	1	0	526.00	469.64	25.00	117.41	12.00	469.64
	A208	ONDET IN J 4ML	INTG	4ML	3004	10N9111	10-22	- 3	0	26.11	23.31	25.00	17.48	12.00	69.94
1	8 E220	NS INF TOOML (AMANTA)	AMA	100ML	3004	20603367	11-23	2	0	17.65	15.76	0.00	0.00	12.00	31.52
	9 0215	5 NS 0.9% INF 500ML (AMANTA)	AMA	500ML	3004	30602228	11-23	2	0	31.28	27.93	10.00	5.59	12.00	55.86
1	E104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	4	0	9.50	8.48	50.00	16.96	12.00	33.93
1	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	4	0	7.50	6.70	50.00	13.39	12.00	26.78
12	E109	CANNULA 22 NO (HSM)	HLA	1'5	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
13	C216	IV SET (ATPL)	AP	1'5	9018	NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82

We hereby certify that our registration certificate under the applicable Goods Service Tax Act is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.

Page: 1 of 2



PRAVARA MEDICALS STORES SHOP NO.3

C/O PRAVARA RURAL HOSPITAL, EXTENSION BUILDING, LONI, TAL:RAHATA, DIST:AHMEDNAGAR, PRAVARA

NAGAR-423107 Phone: 2422271615

E-mail: plnkpmt@dvijaypharma.com **DL No.:** 20-132550,21-132551

CCTNO 27444TD2200447V

GST NO: 27AAATP3300N1ZK

**GST SALES RETURN** 

Inv No.: L 561

Dated: 30-04-2021 Time: 03:57 PM

Pay Mode : CASH

Serviced by

Pink
Pharmacy
The Genuine Medicine Store

Patient Name: SUNIL KULKARNI

Patient Address : PRAVARA HOSPITAL, LONI

Mobile:9822811918

Doctor Name: DR.NITISH GARG

Dr. Add: ,C/O PRAVARA RURAL HOSPITAL,PRAVARA NAGAR

5.NO	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	оту	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
14	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	The second	0		15.76	(manufacture)	0.00	12.00	63.03
15	A203	MEROSURE KIT 1GM INJ	ALL	1000000	Real Property lies	21460242	02-23		0		783.04	25.00		12.00	1566.07
16	A124	ELDERVIT 12 INJ 1.5ML	ELD			EP-0308	10-22		0	27.10	10.0000000000	50.00	0.000	Contractor of the last of the	24.20

Amt In Words : Two Thousand One Hundred Thirty Three Rupees only	YC	OUR SAVING		914.7	0		TOTAL	l:	914.7	70	2819.03
Return Policy:	Ask For	<b>GROSS AMT</b>	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0,00	0.00	0.00	0.00		0.00	0%	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	Options of	2819.02	0.00	914.70	1904.33	0.00	6.0%	114.18	6.0%	114.18	2132.69
We hereby certify that our registration certificate under the applicable Goods . Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		2819.02	0.00	914.70	1904.33	0.00		114.18		114.18	2132.69
LSD: Credit Limit: 0	FOT PRAVARA MED	ICALS STORE	S SHOP N	0.3	C/N REF:		MA		INV.	AMT. :	2132.69
TDP: 258887.00 O\S: -2437.00 LPD:				Section 1	D/N REF:				CR/D	R NOTE :	0.29
WISHING YOU PINK OF HEALTH Page: 2 of 2	Pha	rmacist / Au	thorized		Prep By :ROH	IINI			GRAN	D TOTAL :	2133.00



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

Amt In Words: Seven Hundred Twenty Three Rupees only

TAX INVOICE

Inv No.: S 9753 Dated: 30-04-2021

Time : 04:52 PM Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT

TOTAL:

707.90

Dr. Add:

Pink Pharmacy

62.04

S.NO. SHELF	PRODUCT NAME						TY.							
1 B26	PRODUCT NAME  1 CELIN 500MG CHEW TAB 20°S	MFAC	PACK	HSN	BATCH	EXP.	оту	FRFF	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
2 B52	BECOZINC CAP 30'S	GLAXO	20.2	3004	CEC513120	02-22			1.53	1.37				20.54
	4 SUPRADYN TAB	AQA			V2000443	11-22	15	0	1.57	1.40	0.00	0.00	12.00	21.06
	1 STAFCURE CV 500MG TAB 10'S	AHPL	15`5	3004	MH3869	11-22	15	0	2.26	2.02	5.00	1.51	12.00	30.29
5 B34	3 PANTOSEC D TAB	M008	10.2	3004	LOE2020A	09-22	7	0	64.50	57.59	0.00	0.00	12.00	403.12
	1 PERISET 8MG TAB	CIPLAG	10.2	3004	AFB20G09	08-22	7	0	14.90	13.30	65.00	60.53	12.00	93.12
100	TI CHASCI DING IND	I IPC	10.0	2004	FWCODOOCA	11 33	21	0	7.46	0.00	0.00	0.00	12.00	120.76

	Dell'ANCHO		02.0			IUIA		02.0	14	707.90
Ask For		-	The property and	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
A CONTRACTOR OF STREET	0.00	0.00	0.00	0.00			0.00	<b>AND REPORT OF THE PARTY OF THE</b>	The second secon	0.00
		0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
See the second of the second	707.90	0.00	62.04	645.86	0.00	6.0%	38.72	6.0%	38.77	723.30
	0.00	0.00	0.00	0.00	0.00	9.0%		-		0.00
Options	0.00	0.00	0.00	0.00	0.00	-		and the state of t		0.00
	707.90	0.00	62.04	645.86	0.00			100000000000000000000000000000000000000	38.72	723.30
For PRAVARA ME	DICALSSTOR	ES SHOP I	10.3	C/N REF :				INV.	AMT. :	723.30
	1	2/		D/N REF:				CR/	DR NOTE :	-0.31
Pt	armacist	utherized		Prep By :RO	HINI			GRA	ND TOTAL :	723.00
	Ask For Generic Options Or Economical Options For PRAVARA ME	ASK FOT	Ask For   GROSS AMT   SCH AMT   O.00   O.0	ASK FOT   GROSS AMT   SCH AMT   DISC AMT	ASK FOT	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST 94   SGST AMT	ASK FOT	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%   CGST AMT

YOUR SAVING:



PRAVARA MEDICALS STORES SHOP NO.1 C/O PRAVARA RURAL HOSPITAL, GR. FLOOR, BESIDE CASUALTY WARD,LONI BK, TAL:RAHATA, DIST:AHMEDNAGAR,PRAVARA

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-182837,20B-182838,21-182841,21B-182842, NDF

GST NO: 27AAATP3300N1ZK

**GST SALES RETURN** 

Inv No.: L 274 Dated: 30-04-2021

Time : 04:54 PM Pay Mode : CASH Patient Name: SUNIL KULKARNI NARAYAN Patient Address: PRAVARA HOSPITAL, LONI

Mobile:9162621918

Doctor Name : DR.AVNI BHADJA

Dr. Add:

Serviced by

Pharmacy

Pink

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	FXP.	оту	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	M52	PIPZO 4.5GM INJ	ALL		No. of Concession,	21170050	02-23		0	273.94	244.59	10.00	73.38	12.00	733.77
2	N34	PANTOTAS 40MG IV	INTG		-	PNDA-369A.	11-22		0	49.72	44.39	25.00	22.20	12.00	88.78

Amt In Words : Eight Hundred Fourteen Rupees only	YC	OUR SAVING:		95.58	8		TOTAL	L:	95.5	58	822.55
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0.00	0.00	0.00	0 0%	0.00	0%	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	6 0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving		822.55	0.00	95.57	726.97	0.00	6.0%	43.61	6.0%	6 43.61	814.19
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	6 0.00	0.00
is in force on the date that the supply covered by this invoice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	6 0.00	0.0
regular course of business. # Item keep in Freeze. **Item No Return after sale		822.55	0.00	95.57	726.97	0.00		43.61		43.61	814.1
	For PRAVARA MEDI	ICALS STORE	S SHOP NO	1.1	C/N REF :				INV.	AMT. :	814.1
TDP: 203626.00 O\S: -1034.00 LPD:					D/N REF:				CR/I	DR NOTE :	-0,
WISHING YOU PINK OF HEALTH Page: 1 of 1	Pha	armacist/Au	thorized		Prep By :SHIT	TAL			GRAI	ND TOTAL :	814.



PRAVARA MEDICALS STORES SHOP NO.1
C/O PRAVARA RURAL HOSPITAL,GR.FLOOR, BESIDE CASUALTY WARD, LONI BK, TAL:RAHATA, DIST:AHMEDNAGAR, PRAVARA

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-182837,20B-182838,21-182841,21B-182842, NDF

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 5982 Dated: 30-04-2021

Time : 05:01 PM Pay Mode : CASH Pink
Pharmacy

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K PATEL

Dr. Add:

C NO CULL	_											-	
S.NO. SHELF PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1 CUP-2 EXAFIB 15 TAB	EMCURE	14'5	3004	E16LP20002	09-22				38,30	0.00	0.00	12.00	995.88

Amt In Words : One Thousand One Hundred Fifteen Rupees only	Y	UR SAVING :		0.00			TOTAL	.:	0.0	0	995.88
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0,00	0.00	0.00		0.00	0%	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving		995.88	0.00	0.00	995.88	0.00	6.0%	59.75	6.0%	59.75	1115.38
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
we hereby certify that our registration certificate under the certification of the certificat	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%		0.00
egular course of business.	†	995.88	0.00	0.00	995.88	0.0	100000000000000000000000000000000000000	59.75		59.75	1115.38
I Item keep in Freeze. **Item No Return after sale	For PRAVARA ME	HCALS STORE	S SHOP N	10.1				-			
SD: Credit Limit: 0	LOI LUMANUM INC.	Tenes Storie	.o ontor h	10.1	C/N REF:				INV.	AMT. :	1115.38
1031 00 IPD:					D/N REF:				CR/I	ORNOTE :	-0.38
OP: 6081848.00 OS: -1034.00 LFV. WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / A	uthorized		Prep By :SH	ITAL	No.		GRAI	ND TOTAL :	1115.00