



**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 7942  
Dated : 23-04-2021  
Time : 07:27 PM  
Pay Mode : CASH

Serviced by

**Pink Pharmacy**  
The Genuine Medicine Store

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

Dr. Add :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	A204	PIPZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	6	0	273.94	244.59	10.00	146.75	12.00	1467.53
2	D215	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
3	E109	CANNULA 22 NO (HSM)	HLA	1'S	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
4	C216	IV SET (ATPL)	AP	1'S	9018	NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82
5	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	102055JL2	12-25	2	0	7.50	6.70	50.00	6.70	12.00	13.39
6	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	8	0	7.50	6.70	50.00	26.78	12.00	53.57
7	E104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	10	0	9.50	8.48	50.00	42.41	12.00	84.82
8	A207	PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A	11-22	2	0	49.72	44.39	25.00	22.20	12.00	88.78
9	A208	ONDET INJ 4ML	INTG	4ML	3004	ION9111	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

YOUR SAVING :

456.37

TOTAL :

456.37

2053.44

#### Return Policy:

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  
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
2053.43	0.00	456.37	1597.07	0.00	6.0%	95.77	6.0%	95.77	1788.61
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
2053.43	0.00	456.37	1597.07	0.00		95.77		95.77	1788.61

LSD : Credit Limit : 0  
TDP : 3422315.00 OIS : -2437.00 LPD :  
WISHING YOU PINK OF HEALTH Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :KIRAN C

INV. AMT. : 1788.61

CR / DR NOTE : 0.40

GRAND TOTAL : 1789.00



**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. :** 20-182837,208-182838,21-182841,21B-182842, NDF  
**GST NO:** 27AAATP3300N1ZK

**TAX INVOICE**  
**Inv No. :** S 4621  
**Dated :** 23-04-2021  
**Time :** 07:53 PM  
**Pay Mode :** CASH



**GCD021-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	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	DR-6	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE003	05-22	2	0	1799.00	1713.33	50.00	1713.33	5.00	3426.67

**Amt In Words :** One Thousand Seven Hundred Ninety Nine Rupees only **YOUR SAVING :** 1713.33 **TOTAL :** 1713.33 **3426.66**

**Return Policy:**  
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  
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

**Ask For**  
**Generic**  
**Options Or**  
**Economical**  
**Options**

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	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
0.00	0.00	0.00	0.00	0.00	6.0%	0	6.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
3426.67	0.00	1713.33	1713.33	0.00		42.83		42.83	1798.99

**LSD :** Credit Limit : 0  
**TDP :** 4237340.00 **O/S :** -1034.00 **LPD :**  
**WISHING YOU PINK OF HEALTH** **Page:** 1 of 1

**For PRAVARA MEDICALS STORES SHOP NO.1**  
**Pharmacist / Authorized**

**C/N REF :**  
**D/N REF :**  
**Prep By :** KAILAS

**INV. AMT. :** 1798.99  
**CR / DR NOTE :** 0.00  
**GRAND TOTAL :** 1799.00



**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.: S 7956  
Dated : 23-04-2021  
Time : 08:38 PM  
Pay Mode : CASH

Served by



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	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	E109	CANNULA 22 NO (HSM)	HLA	1'S	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04

Amt In Words : Thirty Five Rupees only

YOUR SAVING :

126.43

TOTAL :

126.43

158.04

#### Return Policy:

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  
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
158.04	0.00	126.43	31.61	0.00	6.0%	1.89	6.0%	1.89	35.39
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
158.04	0.00	126.43	31.61	0.00		1.89		1.89	35.39

LSD :

Credit Limit : 0

TDP : 3436964.00

O/S : -2437.00

LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : KAILAS

INV. AMT. : 35.39

CR / DR NOTE : -0.39

GRAND TOTAL : 35.00





**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.: **S 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**  
Dr. Add :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	D209	VEIN O LINE S 100CM (ROMSONS)	ROM	1'S	3005	G20122460	11-25	1	0	331.00	295.54	80.00	236.43	12.00	295.54
2	D106	DISPOSABLE SYRINGE [DISPOVAN] 50ML (HSM)	HLA	50ML	9018	107506WN2	01-26	1	0	42.00	37.50	25.00	9.38	12.00	37.50
3	C216	IV SET (ATPL)	AP	1'S	9018	NANO/719	01-24	2	0	95.00	84.82	80.00	135.71	12.00	169.64
4	D205	ELASTIC ADHESIVE 10 (GOLDWIN)	GWM001	1'S	3005	PP21004	01-24	1	0	850.00	758.93	80.00	607.14	12.00	758.93
5	E109	CANNULA 22 NO (HSM)	HLA	1'S	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	0.00	12.00	136.96
7	B261	LEVOFLOX 500MG TAB	CIL	10'S	3004	SB00989	07-23	4	0	9.00	8.04	5.00	1.61	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'S	3004	MBF0161	08-22	4	0	55.06	49.16	0.00	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'S	3004	CK20156	02-22	4	0	1.53	1.37	0.00	0.00	12.00	5.48
12	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	8	0	17.65	15.76	0.00	0.00	12.00	126.06

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

YOUR SAVING :

1351.92

TOTAL :

1351.92

2864.30

#### Return Policy:

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  
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
2864.29	0.00	1351.92	1512.38	0.00	6.0%	90.67	6.0%	90.67	1693.72
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
2864.29	0.00	1351.92	1512.38	0.00		90.67		90.67	1693.72

LSD : Credit Limit : 0

TDP : 3508722.00 O/S : -2437.00 LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :SHILPA

INV. AMT. : 1693.72

CR / DR NOTE : 0.28

GRAND TOTAL : 1694.00

① PK



**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.: S 8168  
Dated : 24-04-2021  
Time : 01:51 PM  
Pay Mode : CASH



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL  
Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR. NITISH GARG  
Dr. Add : C/O PRAVARA RURAL HOSPITAL, PRAVARA NAGAR

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	D210	THREE WAY STOP COCK (ROMSON'S)	ROM	1'S	9018	G20102222	09-25	1	0	136.00	121.43	80.00	97.14	12.00	121.43

Amt In Words : Twenty Seven Rupees only

#### Return Policy:

- 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  
4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

LSD : Credit Limit : 0

TDP : 3522134.00

O/S : -2437.00

LPD :

Page: 1 of 1

WISHING YOU PINK OF HEALTH

YOUR SAVING :						TOTAL :				97.14	121.43
GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT		
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00		
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00		
121.43	0.00	97.14	24.29	0.00	6.0%	1.45	6.0%	1.45	27.19		
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00		
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00		
121.43	0.00	97.14	24.29	0.00		1.45		1.45	27.19		

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : PRITAM

INV. AMT. : 27.19

CR / DR NOTE : -0.19

GRAND TOTAL : 27.00






**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.: S 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:

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	A203	MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23	2	0	526.00	469.64	25.00	234.82	12.00	939.28
2	FR-1	HUMAN ACTRAPID 40IU INJ 10ML	ABBOTT	10ML	3004	B-70570	04-23	1	0	157.57	150.07	0.00	0.00	5.00	150.07
3	C103	DUPHALAC SYP 150ML	ABBOTT	150ML	3004	241116D7	11-22	1	0	171.67	163.50	0.00	0.00	5.00	163.50
4	A208	ONDET INJ 4ML	INTG	4ML	3004	10N9111	10-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
5	D215	NS 0.9% INF 500ML (AMANTA)	AMA	500ML	3004	30602228	11-23	3	0	31.28	27.93	10.00	8.38	12.00	83.78
6	E108	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE001	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33
7	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
8	E105	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	5	0	7.50	6.70	50.00	16.74	12.00	33.48
9	E104	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	5	0	9.50	8.48	50.00	21.21	12.00	42.41

Amt In Words : Two Thousand Two Hundred Eighteen Rupees only		YOUR SAVING : 1168.69					TOTAL : 1168.69		3222.59		
<b>Return Policy:</b> 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 4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving  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.  # Item keep in Freeze. **Item No Return after sale	<b>Ask For</b>  Generic Options Or Economical Options	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
		0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
		2026.89	0.00	856.67	1170.24	0.00	2.5%	29.24	2.5%	29.24	1228.72
		1195.68	0.00	312.02	883.66	0.00	6.0%	52.99	6.0%	52.99	989.64
		0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
		3222.57	0.00	1168.69	2053.90	0.00		82.23		82.23	2218.36
LSD:	Credit Limit : 0	For PRAVARA MEDICALS STORES SHOP NO.3				C/N REF :		INV. AMT. :		2218.36	
TDP: 3607590.00	O/S: -2437.00 LPD:	 Pharmacist / Authorized				D/N REF :		CR/DR NOTE :		-0.35	
WISHING YOU PINK OF HEALTH						Prep By :SONALI A		GRAND TOTAL :		2218.00	
Page: 1 of 1											



**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.: S 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 :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	A203	MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23	1	0	526.00	469.64	25.00	117.41	12.00	469.64
2	E108	APPE KIT CLASSIC (APEX)	APEX	1'S	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	8.48
4	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03
5	A208	ONDET INJ 4ML	INTG	4ML	3004	10N9111	10-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
6	E109	CANNULA 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'S	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

**Return Policy:**  
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  
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

LSD : Credit Limit : 0  
TDP : 3720921.00 O/S : -2437.00 LPD :  
WISHING YOU PINK OF HEALTH Page: 1 of 1

**Ask For  
Generic  
Options Or  
Economical  
Options**

YOUR SAVING :						TOTAL :					
GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT		
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00		
56.00	0.00	0.00	56.00	0.00	2.5%	1.40	2.5%	1.40	58.80		
2265.55	0.00	1061.19	1204.36	0.00	6.0%	72.24	6.0%	72.24	1348.84		
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00		
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00		
2321.55	0.00	1061.19	1260.36	0.00		73.64		73.64	1407.64		

For PRAVARA MEDICALS STORES SHOP NO.3  
Pharmacist / Authorized

C/N REF :  
D/N REF :  
Prep By :RUPALIN

INV. AMT. : 1407.64  
CR / DR NOTE : 0.36  
GRAND TOTAL : 1408.00





**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.: S 8824  
Dated : 26-04-2021  
Time : 08:51 PM  
Pay Mode : CASH

Serviced by

**Pink Pharmacy**  
The Genuine Medicine Store

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	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	C211	PROCTOLYSIS ENEMA	TRA	100ML	3004	19112	07-21	2	0	50.00	44.64	65.00	58.03	12.00	89.28

Amt In Words : Thirty Five Rupees only

YOUR SAVING :

58.03

TOTAL :

58.03

89.28

#### Return Policy:

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  
4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
89.28	0.00	58.03	31.25	0.00	6.0%	1.87	6.0%	1.87	34.99
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
89.28	0.00	58.03	31.25	0.00		1.87		1.87	34.99

LSD :

Credit Limit : 0

TDP : 3775474.00

OLS : -2437.00

LPD :

Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : YOGESHB

INV. AMT. : 34.99

CR / DR NOTE : 0.01

GRAND TOTAL : 35.00

WISHING YOU PINK OF HEALTH





**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.: S 8949  
Dated : 27-04-2021  
Time : 11:25 AM  
Pay Mode : CASH

Serviced by



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

Dr. Add :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	A203	MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23	4	0	526.00	469.64	25.00	469.64	12.00	1878.57
2	A208	ONDET INJ 4ML	INTG	4ML	3004	10N9111	10-22	6	0	26.11	23.31	25.00	34.97	12.00	139.87
3	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	3	0	17.65	15.76	0.00	0.00	12.00	47.27
4	D215	NS 0.9% INF 500ML (AMANTA)	AMA	500ML	3004	30602228	11-23	6	0	31.28	27.93	10.00	16.76	12.00	167.57
5	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
6	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
7	C216	IV SET (ATPL)	AP	1'S	9018	NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82
8	E109	CANNULA 22 NO (HSM)	HLA	1'S	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
9	E108	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33
10	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
11	FR-1	HUMAN ACTRAPID 40IU INJ 10ML	ABBOTT	10ML	3004	B-70570	04-23	1	0	157.57	150.07	0.00	0.00	5.00	150.07

Bill Amt 3076  
less - Return - 2133  
Total Bill Amt 943 @ 18.05.21

Amt in Words : Three Thousand Seventy Six Rupees only

YOUR SAVING :

1614.77

TOTAL :

1614.77

4424.44

#### Return Policy:

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 4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
1863.40	0.00	856.67	1006.74	0.00	2.5%	25.16	2.5%	25.16	1057.06
2561.05	0.00	758.11	1802.93	0.00	6.0%	108.12	6.0%	108.12	2019.17
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
4424.45	0.00	1614.77	2809.67	0.00		133.28		133.28	3076.23

LSD : Credit Limit : 0  
TDP : 3847656.00 O/S : -2437.00 LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :SHILPA

INV. AMT. : 3076.23

CR / DR NOTE : -0.24

GRAND TOTAL : 3076.00



**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.: S 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

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	B261	LEVOFLOX 500MG TAB	CIL	10'S	3004	SB00989	07-23	6	0	9.00	8.04	5.00	2.41	12.00	48.22
2	C216	IV SET (ATPL)	AP	1'S	9018	NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82
3	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03
4	A203	MEROSURE KIT 1GM INJ	ALL	VIAL	3004	21460242	02-23	2	0	877.00	783.04	25.00	391.52	12.00	1566.07
5	A124	ELDERVIT 12 INJ 1.5ML	ELD	1.5ML	2309	EP-0308	10-22	2	0	27.10	24.20	50.00	24.20	12.00	48.39
6	C108	QUISTA DN POWDER (MILK MASALA)	HIMA	400GM	2106	972000020	02-22	1	0	550.00	466.10	0.00	0.00	18.00	466.10
7	E108	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33

Amt In Words: Two Thousand Nine Hundred Thirty Three Rupees only

YOUR SAVING:

1342.65

TOTAL:

1342.65

3989.97

**Return Policy:**  
 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  
 4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

**Ask For**  
 Generic  
 Options Or  
 Economical  
 Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
1713.33	0.00	856.67	856.67	0.00	2.5%	21.41	2.5%	21.41	899.49
1810.54	0.00	485.98	1324.55	0.00	6.0%	79.45	6.0%	79.45	1483.45
466.10	0.00	0.00	466.10	0.00	9.0%	41.94	9.0%	41.94	549.98
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
3989.97	0.00	1342.65	2647.32	0.00		142.80		142.80	2932.92

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.

# Item keep in Freeze. \*\*Item No Return after sale

LSD: Credit Limit: 0  
 TDP: 3972797.00 O/S: -2437.00 LPD:  
 WISHING YOU PINK OF HEALTH Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3  
 Pharmacist / Authorized

C/N REF:  
 D/N REF:  
 Prep By: POOJA K

INV. AMT. : 2932.92  
 CR / DR NOTE : 0.09  
 GRAND 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.: S 9455  
Dated : 29-04-2021  
Time : 12:56 PM  
Pay Mode : CASH

Serviced by  
**Pink Pharmacy**  
The Genuine Medicine Store

GC0021-PMT-CASH  
Patient Name: KULKARNI SUNIL NARAYAN  
Patient Address : PRAVARA HOSPITAL, LONI Mobile:  
Doctor Name : DR.ROHIT K.PATEL  
Dr. Add :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	B261	LEVOFLOX 500MG TAB	CIL	10'S	3004	SB00989	07-23	6	0	9.00	8.04	5.00	2.41	12.00	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		MS 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	22.62
5	E108	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33

Amt In Words : One Thousand Sixty Rupees only

YOUR SAVING :

871.18

TOTAL :

871.18

1871.41

**Return Policy:**

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 4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
1713.33	0.00	856.67	856.67	0.00	2.5%	21.41	2.5%	21.41	899.49
158.07	0.00	14.51	143.56	0.00	6.0%	8.59	6.0%	8.59	160.74
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
1871.40	0.00	871.18	1000.23	0.00		30.00		30.00	1060.23

LSD : Credit Limit : 0

TDP : 4063374.00 O/S : -2437.00 LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :SHILPA

INV. AMT. : 1060.23

CR / DR NOTE : -0.22

GRAND 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



GC0021-PMT-CASH  
Patient Name: KULKARNI SUNIL  
Patient Address: PRAVARA HOSPITAL, LONI Mobile:  
Doctor Name: DR.ROHIT  
Dr. Add:

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	M26	MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23	2	0	526.00	469.64	25.00	234.82	12.00	939.28

Amt In Words : Seven Hundred Eighty Nine Rupees only

YOUR SAVING :

234.82

TOTAL :

234.82

939.28

#### Return Policy:

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  
4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Credit Limit : 0

LSD :

TDP : 5817964.00

O/S : -1034.00

LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
939.28	0.00	234.82	704.46	0.00	6.0%	42.26	6.0%	42.26	788.98
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
939.28	0.00	234.82	704.46	0.00		42.26		42.26	788.98

For PRAVARA MEDICALS STORES SHOP NO.1

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : ROHINI

INV. AMT. : 788.98

CR / DR NOTE : 0.02

GRAND TOTAL : 789.00



**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

### GST SALES RETURN

Inv No.: L 561  
Dated : 30-04-2021  
Time : 03:57 PM  
Pay Mode : CASH



**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

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	E220	NS INF 100ML (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'S	9018	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
6	A203	MEROSURE 500MG INJ	ALL	VIAL	3004	21460246	02-23	1	0	526.00	469.64	25.00	117.41	12.00	469.64
7	A208	ONDET INJ 4ML	INTG	4ML	3004	10N9111	10-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
8	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	2	0	17.65	15.76	0.00	0.00	12.00	31.52
9	D215	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
10	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
11	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'S	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'S	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.



**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

### GST SALES RETURN

Inv No.: L 561  
Dated : 30-04-2021  
Time : 03:57 PM  
Pay Mode : CASH



**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

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
14	E220	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03
15	A203	MEROSURE KIT 1GM INJ	ALL	VIAL	3004	21460242	02-23	2	0	877.00	783.04	25.00	391.52	12.00	1566.07
16	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

Amt In Words : Two Thousand One Hundred Thirty Three Rupees only

YOUR SAVING : 914.70

TOTAL : 914.70 2819.03

**Return Policy:**  
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  
4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving!

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.

# Item keep in Freeze. \*\*Item No Return after sale

**Ask For  
Generic  
Options Or  
Economical  
Options**

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
2819.02	0.00	914.70	1904.33	0.00	6.0%	114.18	6.0%	114.18	2132.69
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
2819.02	0.00	914.70	1904.33	0.00		114.18		114.18	2132.69

LSD : Credit Limit : 0

TDP : 258887.00 O/S : -2437.00 LPD :

WISHING YOU PINK OF HEALTH

Page: 2 of 2

For PRAVARA MEDICALS STORES SHOP NO.3

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : ROHINI

INV. AMT. : 2132.69

CR / DR NOTE : 0.29

GRAND TOTAL : 2133.00





**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.: 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  
Dr. Add:

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	B261	CELIN 500MG CHEW TAB 20'S	GLAXO	20'S	3004	CEC513120	02-22	15	0	1.53	1.37	0.00	0.00	12.00	20.54
2	B522	BECOZINC CAP 30'S	AQA	30'S	3004	V2000443	11-22	15	0	1.57	1.40	0.00	0.00	12.00	21.06
3	B414	SUPRADYN TAB	AHPL	15'S	3004	MH3869	11-22	15	0	2.26	2.02	5.00	1.51	12.00	30.29
4	B131	STAFECURE CV 500MG TAB 10'S	M008	10'S	3004	LOE2020A	09-22	7	0	64.50	57.59	0.00	0.00	12.00	403.12
5	B343	PANTOSEC D TAB	CIPLAG	10'S	3004	AFB20G09	08-22	7	0	14.90	13.30	65.00	60.53	12.00	93.12
6	B881	PERISET 8MG TAB	IPC	10'S	3004	EWG020005A	11-23	21	0	7.46	6.66	0.00	0.00	12.00	139.78

Amt In Words : Seven Hundred Twenty Three Rupees only

YOUR SAVING :

62.04

TOTAL :

62.04

707.90

**Return Policy:**

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  
4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

**Ask For**  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
707.90	0.00	62.04	645.86	0.00	6.0%	38.72	6.0%	38.72	723.30
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
707.90	0.00	62.04	645.86	0.00		38.72		38.72	723.30

LSD : Credit Limit : 0  
TDP : 4190545.00 O/S : -2437.00 LPD :  
WISHING YOU PINK OF HEALTH Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.3  
Pharmacy Authorized

C/N REF :  
D/N REF :  
Prep By : ROHINI

INV. AMT. : 723.30  
CR / DR NOTE : -0.31  
GRAND TOTAL : 723.00



**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

### 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:

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	M52	PIPZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	3	0	273.94	244.59	10.00	73.38	12.00	733.77
2	N34	PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A	11-22	2	0	49.72	44.39	25.00	22.20	12.00	88.78

Amt In Words : Eight Hundred Fourteen Rupees only

YOUR SAVING : 95.58

TOTAL : 95.58 822.55

#### Return Policy:

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  
 4) No replacement of Medicine Accepted, 5) Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

**Ask For  
Generic  
Options Or  
Economical  
Options**

GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
822.55	0.00	95.57	726.97	0.00	6.0%	43.61	6.0%	43.61	814.19
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
822.55	0.00	95.57	726.97	0.00		43.61		43.61	814.19

LSD : Credit Limit : 0  
 TDP : 203626.00 O/S : -1034.00 LPD :  
 WISHING YOU PINK OF HEALTH Page: 1 of 1

For PRAVARA MEDICALS STORES SHOP NO.1

Pharmacist / Authorized

C/N REF :  
 D/N REF :  
 Prep By : SHITAL

INV. AMT. : 814.19  
 CR / DR NOTE : -0.19  
 GRAND TOTAL : 814.00





**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 5982  
Dated : 30-04-2021  
Time : 05:01 PM  
Pay Mode : CASH



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL  
Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K PATEL  
Dr. Add :

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'S	3004	E16LP20002	09-22	26	0	42.90	38.30	0.00	0.00	12.00	995.88

Amt In Words : One Thousand One Hundred Fifteen Rupees only

YOUR SAVING :

0.00

TOTAL :

0.00

995.88

#### Return Policy:

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  
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving

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.

# Item keep in Freeze. \*\*Item No Return after sale

Ask For  
Generic  
Options Or  
Economical  
Options

GROSS AMT	SGST AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
995.88	0.00	0.00	995.88	0.00	6.0%	59.75	6.0%	59.75	1115.38
0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
995.88	0.00	0.00	995.88	0.00		59.75		59.75	1115.38

LSD : Credit Limit : 0

TDP : 6081848.00

O/S : -1034.00

LPD :

Page: 1 of 1

WISHING YOU PINK OF HEALTH

For PRAVARA MEDICALS STORES SHOP NO.1

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :SHITAL

INV. AMT. : 1115.38

CR / DR NOTE : -0.38

GRAND TOTAL : 1115.00