PRAVARA MEDICALS STORES SHOP NO.1

C/O PRAVARA RURAL HOSPITAL, GR. FLOOR, BESIDE CASUALTY WARD, LONI BK, TAL:RAHATA, DIST:AHMEDNAGAR, PRAVARA

MAGAR-413736 . Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

TAX INVOICE

Inv No.: 5 3258 Dated: 17-04-2021

Time : 10:15 PM

Pay Mode : CASH

GC0021-PMT-CASH

sanil Abryan Katami Patient Name: SUNIL KULKARNI NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI

Mobile:9462621918 9822811918

Doctor Name : DR.AVNI BHADJA

Dr. Add:

(Pink Pharmacy Statules Medicine Store

O. SHELF	L THOUGH NAME	MFAC	PACK	HSN	BATCH	EXP.	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
	IV SET (ATPL)	AP	1.2	9018	G02520	09-25	1	0	95.00	84.82	80.00		12,00	84.87
2 407-1	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	3	0	9.50	8.48			12.00	25.4
3 UP-1	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM)	HLA	5ML	_	1020SSJL2	12-25		0	7.50	6.70			12.00	6.7
4 01-1	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	The second second		103054JL2	12-25		0	7.50	6.70				13.3
5 UR-UF	DISPOSABLE SYRINGE [DISPOVAN] 2.5ML (HSM)	HLA	The second second second	D COMMON		10-24	-	3 0	5.50	4.91		-		14.
	CANNULA 22 NO (HSM)	HLA	13			11-25		2 0	177.00	158.04	2000		-	316.
7 M5.	PIPZO 4.5GM INJ	ALL	VIA	3004	21170050	02-23		4 0	273.94	244.59			-	978.
8	EXHEP 60MG INJ 0.6ML	GENOVA	0.6M	L 3004	EL53AB000	10-22	-	2 0	631.00	563.39				1126.
-	4 PANTOTAS 40MG IV (2)	INTG	VIA	L 3004	PNDA-369A.	11-22		5 (	49.72	44,39	liberator.	and the second second		221.
	S ONDET IN J 4ML	INTG	4M	L 3004	ION8913	09-22	-	3 (	26.11	23.3		-		69.
77 M4	3 IVEPRED 40MG IN)	SUN	VIV	1 3004	GTB0013A	09-2	2	5	0 60.24	53.7	il Wandage			268.

Amt In Words : Two Thousand Six Hundred Three Rupees only	Y	OUR SAVING:		803.35			TOTAL		803.3	5	3127.12
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 I  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.	Ask For Generic Options Or Economical Options	9.00 0.00 3127.12 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 803.35 0.00	0.00 0.00 2323.77 0.00 0.00	0.00 0.00 0.00 0.00	SGST% 0% 2.5% 6.0% 9.0%	9.00 0.00 0.00 139.38 0.00	CGST% 0% 2.5% 6.0%	0.00 0.00 139.38 0.00	TOTAL AMT 0.00 0.00 2602.53 0.00 0.00
# Item keep in Freeze. **Item No Return after sale		3127.12	0.00	803.35	2323.77	0.00		139.38		139.38	2602.53
1SD: Credit Limit: 0  TDP: 2503304.00	For PRAVARA MI	DICALS STOR			C/N REF: D/N REF: Prep By:R/	AHUL N			-	AMT. : DR NOTE : ND TOTAL :	2602.53 0.46 2603.00

MARA MEDICAL TRE

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

TAX INVOICE Inv No.: S 3259

Dated: 17-04-2021

Time : 10:20 PM Pay Mode : CASH Pink Pharmacy

GC0021-PMT-CASH
Patient Name: KULKARNI NUMIL MARAYAN
Patient Address: PRAVARA HOSPITAL, LONI
Mobile: 9167621918- 982281918 GC0021-PMT-CASH

Doctor Name : DR.AVNI BHADJA Dr. Add :

_	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
		DESREM 100MG INJ	MP	20ML	3004	2460035A	11-21		0				2053.29		4285.71
2		SUPRADYN TAB	AHPL	15`5	3004	MH3869.	11-22	7	0	2.26	2.02	5.00	0.71	12.00	14.13
3		NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	10	0	17.65	15.76	0.00	0.00	12.00	157.58
4		CELIN 500MG CHEW TAB 20'S	GLAXO	20'5	3004	CEC14120	02-22	7	0	1.53	1.37	0.00	0.00	12.00	9.58

Amt In Words : Two Thousand Seven Hundred Three Rupees only	YO	UR SAVING:	- 11	2053.99			TOTAL	:	2053.9	9	4467.01
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	-	CGST AMT	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		0.00		0.00	0.00
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
	options of	4467.01	0.00	2053.99	2413.02	0.00	6.0%	144.76	6.0%	144.76	2702.54
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	0.0	0 14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		4467.01	0.00	2053.99	2413.02	0.0	0	144.76		144.76	2702.54
LSD: Credit Limit: 0	For PRAVARA ME	DICALS STOR	ES SHOP N	10.1	C/N REF :				INV.	AMT. :	2702.54
TDP: 2506007.00					D/N REF :				CR/	DR NOTE :	0.47
WISHING YOU PINK OF HEALTH Page: 1 of 1	P	harmacist / A	luthorized	1	Prep By :RA	HUL N			GRA	ND TOTAL :	2703.0



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 3278 Dated: 18-04-2021

Time : 08:42 AM Pay Mode : CASH

Serviced by Pink
Pharmacy
The Gentume Medicine Store. GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI

Mobile:9822811918

Doctor Name : DR.AVNI BHADJA

		USI NO. Z/MMIT SSUUM IZM							91						
S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	Q26	DEXTROSE 25% INJ 25ML (T WALKERS)	TWAL	25ML	3004	20142	08-23	5	0	79.81	71.26	25.00	89.07	12.00	356.29
2	DR-1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	1	0	17.65	15.76	0.00	0.00	12.00	15.76
3	DR-UP	IV SET (AIPL)	AP	1'5	9018	G02520	09-25	1	0	95.00	84.82	80.00	67.86	12.00	84.82
4	G35	INSULIN SYRINGE (BD)	BDI	1'5	3004	0140377	06-25	1	0	8.90	7.95	0.00	0.00	12.00	7.95

Amt In Words: Three Hundred Forty Five Rupees only	Y	OUR SAVING:		156.93			TOTAL	:	156.9	3	464.82
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	MOK LOI	0.00	0.00	0.00	0.00	0.00	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%	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving		464.82	0.00	156.93	307.89	0.00	6.0%	18.45	6.0%	18.45	344.79
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	464.82	0.00	156.93	307.89	0.00		18.45		18.45	344.79
ISD: CreditLimit: 0	For PRAVARA MEL	ICALS STORE	S SHOP N	0.1	C/N REF:				INV.	AMT. :	344.79
TDP: 2534678.00 O\S: -1034.00 LPD:				- 3	D/N REF:				CR/D	RNOTE :	0.21
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / Au	thorized	3	Prep By :SAI	YAUN			GRAN	D TOTAL :	345.00



NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvljaypharma.com

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

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: S 3404 Dated: 18-04-2021

Time : 03:35 PM Pay Mode : CASH Pink
Pharmacy

GC0021-PMT-CASH

Patient Name: KULKARNI NIKATIL SUNIL

Patient Address: A/PLONITAL RAHATA DIST A. NAGAR

sunil

Mobile:9822811918

Doctor Name : DR.ROHIT K PATEL

.NO. SHELF PRODUCT NAME	The second section												
1 FR-1 COVIFOR 100MG IN 1	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	CCT 04	American
The Covier tooms in	H066	20ML	3004	HCL21007	11-21	1	0	5400.00		_	1705.34	INTERCEMENTAL STATE OF THE PARTY AND THE PAR	4821.43

Amt In Words: Three Thousand Four Hundred Ninety Rupees only	Y	OUR SAVING:		1705.3	4		TOTA	l:	1705.3	4	4821,43
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT		-	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%	0.00	0.00
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
	options or	4821.43	0.00	1705.34	3116.09	0.00	6.0%	186.96	6.0%	186.96	3490.01
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			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		4821.43	0.00	1705.34	3116.09	0.00		186.96		186.96	3490.01
LSD: CreditLimit: 0	For PRAVARA MEI	DICALS STORE	S SHOP N	0.1	C/N REF :				INV.	AMT. :	3490.01
TDP: 2757875.00 O\S: -1034.00 LPD:					D/N REF :				CR/E	R NOTE :	-0.01
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / Au	thorized		Prep By :SH	ITAL			GRAN	ID TOTAL :	3490.00



Phone: 2422271416

E-mail:pinkpmt@dvljaypharma.com

DL No.: 20-182837,208-182838,21-182841,218-182842, NDF

TAX INVOICE

Inv No.: 5 3410

Dated: 18-04-2021 Time : 03:48 PM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL\

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K PATEL

Pink
Pharmacy

S.NO. SHELF	PROPERTY SOURCE	_												
	PRODUCT NAME BECOZING CAP 30'S	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	657%	Amount
2 UP-1	DISDOCADI E CYDRUST INSPONIUS	AQA	30"5	3004	V200443	11-22			1.57	1.40			A STATE OF THE PARTY OF THE PAR	Amount 14.04
3 UP-1	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	7	0	9.50	8.48	50.00	29.69	-	59.37
4 DR-1	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM) NS INF 100ML (AMANTA)	HLA	5ML	9018	103054JL2	12-25	7	0	7.50	6.70	50.00	23.44	12.00	46.87
1	[HOTHE TOOML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03



Amt In Words : One Hundred Forty Six Rupees only	YC	OUR SAVING:		53.13	2		TOTAL	:	53.1	2	183.32
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	-	SGST AMT			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	Generic	0.00	0,00	0.00	0.00	0.00		-	0%	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving		0.00	0.00	0,00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
	Options Or Economical	183.32	0.00	53.12	130.20	0.00	6.0%	7.80	6.0%	7.80	145.80
We 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 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		183.32	0.00	53.12	130.20	0.00		7.80		7.80	145.80
LSD: Credit Limit: 0	For PRAYARA MEI	DICALS STORE	S SHOP N	0.1	C/N REF:				INV.	AMT. :	145.80
TDP: 2770449.00 O(S: -1034.00 LPD:					D/N REF :				CR/I	R NOTE :	0.21
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	narmacist / Au	rthorized		Prep By :SI	HITAL			GRAN	ID TOTAL :	146.00

NAGAR-413736 Phone: 2422271416

Amt In Words: Two Thousand Five Hundred Forty Six Rupees only

E-mail: pinkpmt@dvijaypharma.com

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

TAX INVOICE Inv No.: S 3642

Dated: 19-04-2021 Time : 08:25 PM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

9322311918

Doctor Name : PMT HOSPITAL

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

[- · · ·		USI NO. ZI AMAIPSSOUNIZA													
5.NO.	SHELF		MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
1		PIPZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	3	0	273.94	244.59			12.00	733.77
2		EXHEP 60MG INJ 0.6ML	GENOVA	0.6ML	3004	EL53AB000	10-22	1	0	631.00	563,39	25.00	140.85	12.00	563.39
1		PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A.	11-22	1	0	49.72	44.39	25.00	11.10	12.00	44.39
5		ONDET IN) 4ML IVEPRED 40MG INJ	INTG		_	ION8913	09-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
2			SUN			GTB0013A	09-22	3	0	60.24	53.79	0.00	0.00	12.00	161.36
7	IID. 1	DISPOSABLE SYRINGE WITH NEEDLE 10ML (ROMSONS)	ROM			G443038	01-25		0	13.00	11.61	50.00	29.02	12.00	58.04
8		DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM) PPE KIT (HEALTHPRO)	HLA			103054JL2	12-25		0	7.50	6.70	Shakka	16.74	12.00	33.48
9		IS INF 100ML (AMANTA)	HEALTH		-	PPE001	05-22		0	1799.00	1713.33		856.67	5.00	1713.33
7	Dit III	ISTAT TOUML (AMANTA)	AMA	100ML	3004	20603367	11-23	6	0	_17.65	15.76	0.00	0.00	12.00	94.55

BIH Amt Jess - Return Total Bill Amt

1145.23

Pink Pharmacy

TOTAL:

			Assessment of the last of the					111312		3412:24
Ack For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
The state of the s	0.00	0.00	0.00	0.00		THE PERSON NAMED IN COLUMN	The second second second	0%	0.00	0.00
- 1100000000000000000000000000000000000		0.00	856.67	856.67	0.00	2.5%	21.41	2.5%	21.41	899.49
options of	1730.31	0.00	288.56	1470.34	0.00	6.0%	88.19	6.0%	88.19	1646.72
	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
Uptions	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
	3472.24	0.00	1145.23	2327.01	0.00		109.60		109.60	2546.21
For PRAVARA MED	ICALS STORE	S SHOP N	10.1	C/N REF :				INV.	AMT. :	2546.21
				D/N REF :				CR/	DR NOTE :	-0.22
Ph	armacist / A	uthorized	1	Prep By :R	AHULL			GRA	ND TOTAL	: 2546.00
	Generic Options Or Economical Options For PRAVARA MED	Options   0.00   1713.33   1758.91     Economical Options   0.00   3472.24     For PRAVARA MEDICALS STORE	Options   O.00   0.00	Options   Opti	Options   Opti	Options   Opti	ASK FOF   0.00	Options   Opti	ASK FOY   Generic   Options   Or   Company   Options   Options	ASK FOP   GROSS AMT SCH AMT DISC AMT   TAXABLE   CESS SGST% SGST AMT CGST% CGST AMT

YOUR SAVING:



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 3761

Dated: 20-04-2021 Time : 01:13 PM

Pay Mode : CASH

Pink
Pharmacy
The Genuine Medicine Store...

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.RUSHABH

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	ОТУ	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	M52	PIPZO 4.5GM INJ	ALL	VIAL	-	21170050	02-23	-	0	273.94	244.59		CONTRACTOR OF THE PARTY OF THE	12.00	733,77
_ 2		EXHEP 60MG INJ 0.6ML	GENOVA	0.6ML	3004	EL53AB000	10-22	2	0	631.00	563.39			12.00	1126.78
3		CLARIBID 500MG TAB 10'S	AHPL		-	MBF0161	08-22		0	55.06	49.16			12.00	491.60
4		PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A.	11-22	2	0	49.72	44.39				88.78
5	Q45	ONDET INJ 4ML	INTG	4ML	3004	ION8913	09-22	3	0	26.11	23.31	Contract Con	The state of the s	Control of the last of the las	69,94
6		NEO DROL 40MG INJ	NLL	VIAL	3004	899162	12-23	3	0	59.50	53.13	0.00	Total Research	CONCESSION OF	159.38
7		PPE KIT (HEALTHPRO)	HEALTH	1'5	6307	PPE001	05-22	1	0	1799.00	1713.33	-	100000	District of the last of the la	1713.33
8	DR-1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	5	5 0	17.65	15.76				78.79
9	UP-1	DISPOSABLE SYRINGE WITH NEEDLE 2ML (ROMSONS)	ROM	2MI	9018	G43503	11-24	1 5	5 0	6.50	5.80			- Alternation	29.02
10	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5MI	9018	103054JL2	12-25		5 0	7.50	6.70		1	-	33.48
11	UP-1	DISPOSABLE SYRINGE WITH NEEDLE 10ML (ROMSONS)	ROM	10M	9018	G443038	01-25	1	5 (	13.00	11.61	-			ELEVATOR OF THE PROPERTY OF TH
17		BACLOREN 10MG TAB	LA	10	5 3004	T2012006	06-22		4 (	10.50	10.00	- Blacketick		1	58.04 40.00

Amt in Words: Three Thousand Six Hundred Forty Six Rupees only	YC	OUR SAVING:		1311.68	3		TOTAL	l:	1311.6	88	4622.91
Return Policy:	Ask For	GROSS AMT	CH 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%	0.00	096	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	1753.33	0.00	856.67	896.67	0.00	2.5%	22.41	2.5%	22.41	941.49
special content of medicine Accepted, 5); lease their medicines before Learning	options of	2869.57	0.00	455.02	2414.56	0.00	6.0%	144.83	6.0%	144.83	2704.22
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		4622.90	0.00	1311.68	3311.23	0.00		167.24		167.24	3645.71
LSD: Credit Limit: 0	For PRAVARA ME	DICALS STORE	S SHOP N	0.1	C/N REF:	1			INV.	: .TMA	3645.71
TDP: 3054374.00 O\S: -1034.00 LPD:					D/N REF :				CR/	DR NOTE :	0.2
WISHING YOU PINK OF HEALTH Page: 1 of 1	PI	narmacist / Au	thorized		Prep By :SA	YALVA			GRA	ND TOTAL :	3646.0



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 3814 Dated: 20-04-2021

Time : 04:33 PM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: A/P-LONI KH Mobile:9139110841

Doctor Name : DR RUSHABH LUNAVAT

Dr. Add :

Pink Pharmacy

S.NO.	SHELF PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	REMWIN 100MG INJ	SUN	VIAL	3004	GTC0633A	08-21	1	0	2450.00	2187.50	0.00	0.00	12.00	2187.50

Amt In Words: Two Thousand Four Hundred Fifty Rupees only	y	YOUR SAVING:		0.0	0		TOTA	L:	0.0	00	2187.50
Return Policy:	Ask Fo	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 Bil	(40)	0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken 4)No replacement of Medicine Accepted,5)Please check Medicines Be	e I transfer at	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
*/no replacement of medicine accepted, 3/r lease check medicines be	options (	2187.50	0.00	0.00	2187.50	0.00	6.0%	131.25	6.0%	131.25	2450.00
We hereby certify that our registration certificate under the applicable Goods S		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 regular course of business.	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 keep in Freeze. **Item No Return after sale		2187.50	0.00	0.00	2187.50	0.00		131.25		131.25	2450.00
LSD: Credit Limit: 0	For PRAVARA M	EDICALS STORE	S SHOP N	0.1	C/N REF :				INV. A	MT. :	2450.00
TDP: 3121202.00 O\S: -1034.00 LPD:					D/N REF:				CR/DF	RNOTE :	0.00
WISHING YOU PINK OF HEALTH Page: 1 of 1		harmacist / Au	thorized		Prep By :MAI	NDAKINI		1	GRANE	TOTAL :	2450.00



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.: \$ 3855 Dated : 20-04-2021 Time : 05:59 PM

Time: 05:59 PM
Pay Mode: CASH
Pharmacy
The Ganulum Modifies Store

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI

Mobile:9172321918

Doctor Name : DR ROHIT PATEL

		STREET STREET SALES OF STREET STREET		Access to the Contract of the											
S.N	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
	1	REMWIN 100MG INJ	SUN	VIAL	3004	GTC0633A	08-21	1	0	2450.00	2187.50	2.05	44.84	12.00	2187.50

Amt In Words: Two Thousand Four Hundred Rupees only	Y	OUR SAVING		44.8	4		TOTA	L:	44.1	84	2187.50
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%	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	operons or	2187.50	0.00	44.84	2142.66	0.00	6.0%	128.55	6.0%	128.55	2399.76
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		2187.50	0.00	44.84	2142.66	0.00		128.55		128.55	2399.76
LSD: Credit Limit: 0	For PRAVARA MED	ICALS STORE	S SHOP N	0.1	C/N REF :				INV.	IMT. :	2399.76
TDP: 3199495.00 OS: -1034.00 LPD:		17/39/78/6					CR/D	RNOTE :	0.24		
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / A	thorized		Prep By :MAI	UUSHR			GRAN	D TOTAL :	2400.00



NAGAR-413736 Phone: 2422271416

Amt In Words: Two Thousand Four Hundred Fifty Rupees only

E-mail: pinkpmt@dvijaypharma.com

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

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 4120 Dated: 21-04-2021

Time : 06:33 PM Pay Mode : CASH Pink Pharmacy

0.00

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL

Patient Address: A/P - LONI KD TAL - RAHATA

Mobile:9822811918

Doctor Name: DR. SARAS M LAD

TOTAL:

0.00

2187.50

Dr. Add:

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1		REMWIN 100MG INJ	SUN	VIAL	3004	GTC0633A	08-21	1	0	2450.00	2187.50	0.00	0.00	12.00	2187.50

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	L	0.00	0.00	0.00	0.00	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
synv replacement of medicine Accepted, 5/2 rease circum medicines before cearing	options of	2187,50	0.00	0.00	2187.50	0.00	6.0%	131.25	6.0%	131.25	2450.00
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	1	2187.50	0.00	0.00	2187.50	0.00		131.25		131.25	2450.00
LSD: Credit Limit: 0	For PRAVARA ME	DICALS STOR	ES SHOP NO	0.1	C/N REF :				INV.	AMT. :	2450.00
TDP: 3629881.00 O\S: -1034.00 LPD:		1	L	_>	D/N REF :				CR/	DR NOTE :	0.00
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / A	uthorized		Prep By :RIJ	WAN			GRA	ND TOTAL :	2450.00

YOUR SAVING:



NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

GST NO: 27AAATP3300N17K

TAX INVOICE Inv No.: S 4387 Dated: 22-04-2021

Time : 07:24 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

5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1		STAFCURE CV 500MG TAB 10'S	M008	10.2	3004	LOE2022A	10-22	100		64.50	57.59	0.00	0.00	12.00	575.89
2	A21	CLARIBID 500MG TAB 10'S	AHPL	10`5	3004	MBF0161	08-22	10	0	55.06	49.16	0.00	0.00	12.00	491.60
3	C142	PAN D CAP 15'S	ALL	15`\$	3004	20442942	11-22	7	0	12.67	11.31	0.00	0.00	12.00	79.16
4	B42	SUPRADYN TAB	AHPL	15'5	3004	MH3902	01-23	10	0	2.26	2.02	5.00	1.01	12.00	20.19
5		CELIN 500MG CHEW TAB 20°S	GLAXO	20`5	3004	CK20156	02-22	10	0	1.53	1.37	0.00	0.00	12.00	13.69

Autrin words : One Phousand Phree rightied (Wenty One Rupees only		JUK SAVING:		1.01			TOTAL	.:	1.0	1	1180.53
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 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		Name and Address of the Owner, where		0.00	0.00
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
	options of	1180.53	0.00	1.01	1179.52	0.00	6.0%	70.75	6.0%	70.75	1321.02
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	-		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		1180.53	0.00	1.01	1179.52	0.00		70.75	-	70.75	1321.02
LSD: Credit Limit: 0 TDP: 3997588.00	For PRAVARA MEL	OICALS STORE	S SHOP N	0.1	C/N REF:				INV.	AMT. :	1321.0
OD. 1054.00 LFD.					D/N REF:				CR/E	OR NOTE :	-0.0
WISHING YOU PINK OF HEALTH Page: 1 of 1	Ph	armacist / Au	thorized		Prep By :RIJ	WAN			GRAN	ND TOTAL :	1321.0