



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 3258

Dated : 17-04-2021

Time : 10:15 PM

Pay Mode : CASH

Serviced by

Pink
Pharmacy
The Genuine Medicine Store...

GC0021-PMT-CASH

Patient Name: **SUNIL KULKARNI NARAYAN**

Patient Address : PRAVARA HOSPITAL, LONI

Mobile: 9462621948

Doctor Name : **DR. AVNI BHADJA**

Dr. Add :

Sunil Narayan Kulkarni

9822811918

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	DR-UP	IV SET (ATPL)	AP	1'S	9018	G02520	09-25	1	0	95.00	84.82	80.00	67.86	12.00	84.82
2	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	3	0	9.50	8.48	50.00	12.72	12.00	25.45
3	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	102055JL2	12-25	1	0	7.50	6.70	50.00	3.35	12.00	6.70
4	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	2	0	7.50	6.70	50.00	6.70	12.00	13.39
5	DR-UP	DISPOSABLE SYRINGE [DISPOVAN] 2.5ML (HSM)	HLA	2.5ML	9018	947252SC2	10-24	3	0	5.50	4.91	50.00	7.37	12.00	14.73
6	DR-1	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	M52	PIPZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	4	0	273.94	244.59	10.00	97.84	12.00	978.36
8		EXHEP 60MG INJ 0.6ML	GENOVA	0.6ML	3004	EL53AB000	10-22	2	0	631.00	563.39	25.00	281.70	12.00	1126.78
9	N34	PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A	11-22	5	0	49.72	44.39	25.00	55.49	12.00	221.96
10	Q45	ONDET INJ 4ML	INTG	4ML	3004	ION8913	09-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
11	M43	IVEPRED 40MG INJ	SUN	VIAL	3004	GIB0013A	09-22	5	0	60.24	53.79	0.00	0.00	12.00	268.93

Amt In Words : Two Thousand Six Hundred Three Rupees only

YOUR SAVING :

803.35

TOTAL :

803.35

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

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
3127.12	0.00	803.35	2323.77	0.00	6.0%	139.38	6.0%	139.38	2602.53
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
3127.12	0.00	803.35	2323.77	0.00		139.38		139.38	2602.53

LSD: Credit Limit: 0

TDP: 2503304.00

OIS: -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 : RAHUL N

INV. AMT. : 2602.53

CR / DR NOTE : 0.46

GRAND TOTAL : 2603.00



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 : plnkpmtd@dvijaypharma.com
DL No. : 20-182837, 20B-182838, 21-182841, 21B-182842, NDF
GST NO: 27AAATP3300N1ZK

TAX INVOICE
Inv No.: S 3259
Dated : 17-04-2021
Time : 10:20 PM
Pay Mode : CASH



GC0021-PMT-CASH
Patient Name: KULKARNI NIKHIL NARAYAN
Patient Address: PRAVARA HOSPITAL, LONI
Mobile: 9162621918-982284918
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	FR-2	DESREM 100MG INJ	MP	20ML	3004	2460035A	11-21	1	0	4800.00	4285.71	47.91	2053.29	12.00	4285.71
2	B42	SUPRADYN TAB	AHPL	15'S	3004	MH3869	11-22	7	0	2.26	2.02	5.00	0.71	12.00	14.13
3	DR-1	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'S	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

YOUR SAVING :

2053.99

TOTAL :

2053.99

4467.01

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
4467.01	0.00	2053.99	2413.02	0.00	6.0%	144.76	6.0%	144.76	2702.54
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
4467.01	0.00	2053.99	2413.02	0.00		144.76		144.76	2702.54

LSD : Credit Limit : 0

TDP : 2506007.00 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 : RAHUL N

INV. AMT. : 2702.54

CR / DR NOTE : 0.47

GRAND TOTAL : 2703.00



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 3278
Dated : 18-04-2021
Time : 08:42 AM
Pay Mode : CASH



GC0021-PMT-CASH
Patient Name: KULKARNI SUNIL
Patient Address : PRAVARA HOSPITAL, LONI
Mobile:9822811918
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	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 (ATPL)	AP	1'S	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'S	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

YOUR SAVING : 156.93

TOTAL : 156.93 464.82

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
464.82	0.00	156.93	307.89	0.00	6.0%	18.45	6.0%	18.45	344.79
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
464.82	0.00	156.93	307.89	0.00		18.45		18.45	344.79

LSD : Credit Limit : 0

TDP : 2534678.00 **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 :SANJAY

INV. AMT. : 344.79

CR / DR NOTE : 0.21

GRAND TOTAL : 345.00

RS - 155



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 3404
 Dated : 18-04-2021
 Time : 03:35 PM
 Pay Mode : CASH



GC0021-PMT-CASH
 Patient Name: KULKARNI ~~SHITAL~~ SUNIL *Sumil*
 Patient Address : A/P LONI TAL RAHATA DIST A. NAGAR
 Mobile: 9822811918
 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	FR-1	COVIFOR 100MG INJ	H066	20ML	3004	HCL21007	11-21	1	0	5400.00	4821.43	35.37	1705.34	12.00	4821.43

Amt In Words : Three Thousand Four Hundred Ninety Rupees only

YOUR SAVING :

1705.34

TOTAL :

1705.34

4821.43

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
		4821.43	0.00	1705.34	3116.09	0.00	6.0%	186.96	6.0%	186.96	3490.01
		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
		4821.43	0.00	1705.34	3116.09	0.00		186.96		186.96	3490.01

LSD : Credit Limit : 0

TDP : 2757875.00

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. : 3490.01

CR / DR NOTE : -0.01

GRAND TOTAL : 3490.00



PRAWARA MEDICALS STORES SHOP NO.1
C/O PRAWARA RURAL HOSPITAL, GR.FLOOR, BESIDE CASUALTY
WARD, LONI BK, TAL:RAHATA, DIST:AHMEDNAGAR, PRAWARA
NAGAR-413736
Phone : 2422271416
E-mail : pinkprnt@dvijaypharma.com
DL No. : 20-182837, 20B-182838, 21-182841, 21B-182842, NDF
GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: S 3410
Dated : 18-04-2021
Time : 03:48 PM
Pay Mode : CASH



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAWARA 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	C121	BECOZINC CAP 30'S	AQA	30'S	3004	V200443	11-22	10	0	1.57	1.40	0.00	0.00	12.00	14.04
2	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	7	0	9.50	8.48	50.00	29.69	12.00	59.37
3	UP-1	DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	7	0	7.50	6.70	50.00	23.44	12.00	46.87
4	DR-1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	4	0	17.65	15.76	0.00	0.00	12.00	63.03

Pharmacy

Amt In Words : One Hundred Forty Six Rupees only

YOUR SAVING :

53.12

TOTAL :

53.12

183.32

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
183.32	0.00	53.12	130.20	0.00	6.0%	7.80	6.0%	7.80	145.80
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
183.32	0.00	53.12	130.20	0.00		7.80		7.80	145.80

LSD : Credit Limit : 0

TDP : 2770449.00 O/S : -1034.00 LPD :

WISHING YOU PINK OF HEALTH

Page: 1 of 1

For PRAWARA MEDICALS STORES SHOP NO.1

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By :SHITAL

INV. AMT. : 145.80

CR / DR NOTE : 0.21

GRAND TOTAL : 146.00



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 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:

9822311918

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	M52	PIPZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	3	0	273.94	244.59	16.00	73.38	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
3	N34	PANTOTAS 40MG IV	INTG	VIAL	3004	PNDA-369A	11-22	1	0	49.72	44.39	25.00	11.10	12.00	44.39
4	Q45	ONDET INJ 4ML	INTG	4ML	3004	ION8913	09-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
5	M43	IVEPRED 40MG INJ	SUN	VIAL	3004	GTB0013A	09-22	3	0	60.24	53.79	0.00	0.00	12.00	161.36
6	UP-1	DISPOSABLE SYRINGE WITH NEEDLE 10ML (ROMSON'S)	ROM	10ML	9018	G443038	01-25	5	0	13.00	11.61	50.00	29.02	12.00	58.04
7	UP-1	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
8	DR-6	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE001	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33
9	DR-1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	6	0	17.65	15.76	0.00	0.00	12.00	94.55

Bill Amt
less - Return
Total Bill Amt

2545/-
- 814/-
1732/- @kshay
18.05.21

Amt In Words: Two Thousand Five Hundred Forty Six 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

YOUR SAVING:

1145.23

TOTAL:

1145.23

3472.24

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
1758.91	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
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

LSD:

Credit Limit: 0

TDP: 2973272.00

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: RAHULL

INV. AMT.: 2546.21

CR / DR NOTE: -0.22

GRAND TOTAL: 2546.00



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 3761
Dated : 20-04-2021
Time : 01:13 PM
Pay Mode : CASH



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.RUSHABH

Dr. Add :

S.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	QTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
1	M52	PIRZO 4.5GM INJ	ALL	VIAL	3004	21170050	02-23	3	0	273.94	244.59	10.00	73.38	12.00	733.77
2		EXHEP 60MG INJ 0.6ML	GENOVA	0.6ML	3004	EL53AB000	10-22	2	0	631.00	563.39	25.00	281.70	12.00	1126.78
3	A21	CLARIBID 500MG TAB 10'S	AHPL	10'S	3004	MBF0161	08-22	10	0	55.06	49.16	0.00	0.00	12.00	491.60
4	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
5	Q45	ONDET INJ 4ML	INTG	4ML	3004	ION8913	09-22	3	0	26.11	23.31	25.00	17.48	12.00	69.94
6		NEO DROL 40MG INJ	NLL	VIAL	3004	899162	12-23	3	0	59.50	53.13	0.00	0.00	12.00	159.38
7	DR-6	PPE KIT (HEALTHPRO)	HEALTH	1'S	6307	PPE001	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.33
8	DR-1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	5	0	17.65	15.76	0.00	0.00	12.00	78.79
9	UP-1	DISPOSABLE SYRINGE WITH NEEDLE 2ML (ROMSONS)	ROM	2ML	9018	G43503	11-24	5	0	6.50	5.80	50.00	14.51	12.00	29.02
10	UP-1	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
11	UP-1	DISPOSABLE SYRINGE WITH NEEDLE 10ML (ROMSONS)	ROM	10ML	9018	G443038	01-25	5	0	13.00	11.61	50.00	29.02	12.00	58.04
12	A22	BACLOREN 10MG TAB	LA	10'S	3004	T2012006	06-22	4	0	10.50	10.00	0.00	0.00	5.00	40.00

Amt In Words : Three Thousand Six Hundred Forty Six Rupees only

YOUR SAVING : 1311.68

TOTAL : 1311.68 4622.91

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
1753.33	0.00	856.67	896.67	0.00	2.5%	22.41	2.5%	22.41	941.49
2869.57	0.00	455.02	2414.56	0.00	6.0%	144.83	6.0%	144.83	2704.22
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
4622.90	0.00	1311.68	3311.23	0.00		167.24		167.24	3645.71

LSD : Credit Limit : 0

TDP : 3054374.00 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 : SANJAY

INV. AMT. : 3645.71

CR / DR NOTE : 0.29

GRAND TOTAL : 3646.00



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 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 :

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

YOUR SAVING : 0.00

TOTAL : 0.00 2187.50

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
2187.50	0.00	0.00	2187.50	0.00	6.0%	131.25	6.0%	131.25	2450.00
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
2187.50	0.00	0.00	2187.50	0.00		131.25		131.25	2450.00

LSD : Credit Limit : 0

TDP : 3121202.00 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 :MANDAKINI

INV. AMT. : 2450.00

CR / DR NOTE : 0.00

GRAND 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.: S 3855
Dated : 20-04-2021
Time : 05:59 PM
Pay Mode : CASH



GC0021-PMT-CASH
Patient Name: KULKARNI SUNIL NARAYAN
Patient Address : PRAVARA HOSPITAL, LONI
Mobile: 9172321918
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		REMWIN 100MG INJ	SUN	VIAL	3004	GIC0633A	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 **YOUR SAVING :** 44.84 **TOTAL :** 44.84 2187.50

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
				0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
				2187.50	0.00	44.84	2142.66	0.00	6.0%	128.55	6.0%	128.55	2399.76
				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
				2187.50	0.00	44.84	2142.66	0.00		128.55		128.55	2399.76
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													

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	For PRAVARA MEDICALS STORES SHOP NO.1	C/N REF :	INV. AMT. : 2399.76
TDP : 3199495.00	O/S : -1034.00	Pharmacist / Authorized	D/N REF :	CR / DR NOTE : 0.24
WISHING YOU PINK OF HEALTH	Page: 1 of 1		Prep By :MANJUSHRI	GRAND TOTAL : 2400.00



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 4120
Dated : 21-04-2021
Time : 06:33 PM
Pay Mode : CASH



GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL
Patient Address : A/P - LONI KD TAL - RAHATA
Mobile: 9822811918
Doctor Name : DR. SARAS M LAD
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

Amt In Words : Two Thousand Four Hundred Fifty Rupees only

YOUR SAVING : 0.00

TOTAL : 0.00 2187.50

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
2187.50	0.00	0.00	2187.50	0.00	6.0%	131.25	6.0%	131.25	2450.00
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
2187.50	0.00	0.00	2187.50	0.00		131.25		131.25	2450.00

LSD : Credit Limit : 0

TDP : 3629881.00 **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 : RIJWAN

INV. AMT. : 2450.00

CR / DR NOTE : 0.00

GRAND 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.: S 4387
Dated : 22-04-2021
Time : 07:24 PM
Pay Mode : CASH



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	B46	STAFURE CV 500MG TAB 10'S	MOOR	10'S	3004	LOE2022A	10-22	10	0	64.50	57.59	0.00	0.00	12.00	575.89
2	A21	CLARIBID 500MG TAB 10'S	AHPL	10'S	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'S	3004	20442942	11-22	7	0	12.67	11.31	0.00	0.00	12.00	79.16
4	B42	SUPRADYN TAB	AHPL	15'S	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'S	3004	CK20156	02-22	10	0	1.53	1.37	0.00	0.00	12.00	13.69

Amt In Words : One Thousand Three Hundred Twenty One Rupees only

YOUR SAVING :

1.01

TOTAL :

1.01

1180.53

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 : 3997588.00 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
1180.53	0.00	1.01	1179.52	0.00	6.0%	70.75	6.0%	70.75	1321.02
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
1180.53	0.00	1.01	1179.52	0.00		70.75		70.75	1321.02

For PRAVARA MEDICALS STORES SHOP NO.1

Pharmacist / Authorized

C/N REF :

D/N REF :

Prep By : RIJWAN

INV. AMT. : 1321.02

CR / DR NOTE : -0.02

GRAND TOTAL : 1321.00