

Phone: 2422271615 E-mail: pinkpmt@dvi

DL No.:

GST NO: 2

TAX INVOICE

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

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

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

S.NO. 5		GST NO: 27AAATP3300N1ZK					Thi	e Germin	harn	acy store	Dr. Add :				
2	A204 D215	PRODUCT NAME PIPZO 4.5GM INJ NS 0.9% INF 500ML (AMANTA)	MFAC	PACK	HSN	ВАТСН	EXP.	QTY	FREE	MRP/UNI	T RATE	DISC%	DISC AMT	GST%	Amount
3	E109	CANNULA 22 NO (HSM)	ALL	-		21170050	02-23	6	0	273.9			ASSESSMENT OF THE PARTY OF THE	12.00	1467.53
4	C216	IV SET (ATPL)	HLA	500ML	BEST STATE	30602228	11-23	_	0	31.2	8 27.93	10.00	5.59	12.00	55.86
5	E105	DISPOSABLE COMME	AP			05122N	11-25	1	0	177.0	0 158.04	80.00	126.43	12.00	158.04
6	E105	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM)	HLA			NANO/719	01-24	1	0	95.00	84.82	80.00	67.86	12.00	84.82
7	F104	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM)	HLA			1020SSJL2 103054JL2	12-25	2	0	7.50	6.70	50.00	6.70	12.00	13.39
8	A207	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM)	HLA	10ML	The same of		12-25	8	0	7.50	6.70	50.00	26.78	12.00	53.57
-	1407	PAN HUTAS 40MG IV	INTG	VIAL	ACCOUNTS OF THE PARTY OF T	104103JP1 PNDA-369A	12-25	10	0	9.50	20.10	50.00	42.41	12.00	84.82
-1	nzuoj	ONDET INJ 4ML	INTG		-	ION9111	11-22	2	0	49.72	-		22.20	12.00	88.78
				- SINL	2004	IOMATTI	10-22	2	0	26.11	23.31	25.00	11.66	12.00	46.62

Amt In Words: One Thousand Seven Hundred Eighty Nine Rupees only		OUR SAVING		456.3			TOTAL		456.37	,	
Return Policy:	Ask For	GROSS AMT		DISC AMT	TAXABLE	CESS				CGST AMT	2053.44
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0.00	0.00	0.00	0%	0.00			TOTAL AMT
required at the time of return, 3)Cold Chain items will not be taken back	Generic	0,00	0.00	0.00	0.00	0.00	1000		-	0.00	0.00
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving	The second second	2053.43	0.00	456.37		0.00		0.00	21370	0.00	0.00
at the send of the send cable Conde Corvice Tay Art	Economical	0.00	0.00	0.00		11001101	41070	24411	6.0%	95.77	1788.61
We hereby certify that our registration certificate under the applicable Goods Service Tax Act is in force on the date, that the supply covered by this invoice has been effected by us in	Options	0.00	- Contract		0.00	0.00	Mark States	U IV	9.0%	0.00	0.00
and a course of business.		2053.43	17.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		2055.45	0.00	456.37	1597.07	0.00		95.77	Marine .	1000000	
Credit Limit: 0	FOT PRAVARA ME	VARA MEDICALS STORES SHOP NO.3			CALDER			75.17		95.77	1788.61
cu.	Pharmacist / Authorized				C/N REF:				INV. A	MT. :	1788.61
DP: 3422315.00 O\S: -2437.00 LPD:					D/N REF : Prep By :KIR.			The state of the s	R NOTE :	0.40	
WISHING YOU PINK OF HEALTH Page: 1 or 1	The state of the s								GRAN	D TOTAL :	1789.00



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

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

TAX INVOICE

Inv No.: S 4621

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

Pink Pharmacy

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT HOSPITAL

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

10000000	Ministration of the											-	STATE OF THE PARTY NAMED IN	Management	The second second
5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
2	nn c	Provide the Providence of the	1437 77%	Trick	Hotel	BAICH	Total Control	-	200000			HEROGOTI-		5.00	3426.67
1	DH-6	PPE KIT (HEALTHPRO)	HEALTH	1.5	6307	PPF003	05-22	2	0	1799.00	1713,33	50.00	1713.33	5,00	3420.07

YC	YOUR SAVING: 1713.33  GROSS AMT SCH AMT DISC AMT TAXABLE						:	1713.3	3	3426.66
Ask For		-		TAXABLE	10000000	STREET, SQUARE,	-	CGST%	CGST AMT	TOTAL AMT
		(01/10)	20100		0.00	0%	0.00	0%	0.00	0.00
	3426.67	0.00	1713.33	1713.33	0.00	2.5%	42.83	2.5%	42.83	1798.99
Options Or	0.00	0.00	0.00	0.00	0.00	6.0%	0	6.0%	0.00	0.00
Economical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	0.00	0.00
	3426.67	0.00	1713.33	1713.33	0.00		42.83		42.83	1798,99
FOR PRAVARA MED	CALBER			1884						
FOI PRAYARA MEDICALS STORES SHOP NO.1				Control Control				INV.	AMI. ;	1798.99
Marine And Philade Laborat				D/N REF: Prep By :KAILAS					DR NOTE :	0.00
									HD TOTAL :	1799.00
	Ask For Generic Options Or Economical Options For PRAVARA MED	Ask For   GROSS AMT   0.00	Ask For GROSS AMT SCH AMT   0.00	ASK FOT   GROSS AMT   SCH AMT   DISC AMT	Ask For Generic Options Or Economical Options	Ask For Generic Options Or Economical Options	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   CESS   CES	Ask For Generic Options Or Economical Options	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%	ASK FOY   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%   CGST AMT   CGST AMT



NAGAR-423107 Phone: 2422271615

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

GST NO: 27AAATP3300N1ZK

TAX INVOICE

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

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

Pink Pharmacy

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : PMT HOSPITAL

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

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

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

## Loni - 413736. Tal.: Rahata, Dist .Ahmednagar

## PRAVARA RURAL HOSPITAL RECEIPT

CASH

9:28:4 PM

Receipt No.: 7666A8/2021

Date 23-04-2021

Name

: SUNIL MARAYAMRAV KULKARNI OPD/IPD No. 951421

Address : LUNI KD

Particulars		Amount
D-DIMER		300.00
	FOFAL BILL : ADVANCE : CHARIFY :	300.00 0.00 0.00
Rs.(In wards) Hundred Only	Total Rs.	300.00

Clerk /Cashier



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

TAX INVOICE

Inv No.: S 8124

Dated: 24-04-2021 Time : 11:57 AM

Pay Mode : CASH

GC0021-PMT-CASH

(Pink Pharmacy

1351.92

Patient Name: KULKARNI SUNIL

Patient Address: PRAYARA HOSPITAL, LONI Mobile:

Doctor Name: DR.ROHIT PATEL

TOTAL:

1351.92

Dr. Add:

S NO.	SHELF	PRODUCT NAME	1												
3.110.		VEIN O LINE S 100CM (ROMSONS)	MFAC	PACK	HSN	BATCH	EXP.	оту	FREE	MRP/UNIT	RATE	Dice		CCT W	A
- 1		DISPOSABLE SYRINGE [DISPOVAN] 50ML (HSM)	ROM	1.2	3005	G20122460	11-25	-	0	331.00	295.54		DISC AMT		Amount
-4			HLA	50ML	<b>Billion Statement</b>	107506WN2	01-26		0	42.00				12.00	295.54
3		IV SET (ATPL)	AP	-	SENERGISCO CO.	NANO/719	500000000		0		All the second second	25.00		12.00	37.50
4	D205	ELASTIC ADHESIVE 10 [GOLDWIN]	GWM001		HIGHWAN		01-24		0	95.00	84.82		BEED Andread State of the last	12.00	169.64
5	E109	CANNULA 22 NO (HSM)	HLA			PP21004	01-24		0	850.00	758.93	-	607.14	12.00	758.93
6	A209	SODIUM BICARBONATE INJ 25ML		and the second	Commence of the last of the la	05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.04
7		LEVOFLOX 500MG TAB	TWAL			19123	08-22	4	0	38.35	34.24	0.00	0.00	12.00	136.96
-/	25-55-57		(QL	10.2	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	10.2	3004	MBF0161	08-22	4	0	55.06	49.16	0.00	0.00	12.00	196.64
10	B414	SUPRADYN TAB	AHPL	15`5	3004	MH3869.	11-22	4	0	2.26	2.02	5.00	0.40	12.00	8.08
11	B261 (	TELIN SOOMG CHEW TAB 20'S	GLAXO	2015	3004	CK20156	02-22	4	0	1.53	1.37	0.00	0.00	12.00	5.48
12	E220 1	NS INF 100ML (AMANTA)	AMA	100ML	3004	20603367	11-23	8	0	17.65	15.76	0.00	0.00	12.00	126.06

Ame in words : one mousand six numbers that represents	A L.F.	<b>GROSS AMT</b>	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
Return Policy:  1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Ask For	0.00	0.00	0.00	0.00	0.00	0%	0.00	096	0.00	0.00
as when does the time of return 3)Cold Chain items will not be taken back	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
4)No replacement of Medicine Accepted, 5)Please check Medicines Before Leaving	Options Or	2864.29	0.00	1351.92	1512.38	0.00	6.0%	90.67	6.0%	90.67	1693.72
	Fronomical	0.00	0.00	0.00	0.00	0.00	9.0%	0.00	9.0%	0.00	0.00
We hereby certify that our registration certificate under the applicable Goods , Service Tax Act 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 sames of business		2864.29	0.00	1351.92	1512.38	0.00		90.67		90.67	1693.72
# Item keep in Freeze. **Item No Return after sale	For PRAVARA MEDICALS STORES SHOP NO.3				C/N REF:					. AMT.	: 1693.72
LSD: Credit Limit: 0	D/N REF:							CR/	: 0.28		
TDD: 3508772 00 O\S: -2437.00 LPD:						Dron Du (CHII DA					: 1694.00

YOUR SAVING:

Page: 1 of 1

WISHING YOU PINK OF HEALTH

2864.30



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

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

Time : 01:51 PM

Pay Mode : CASH

GC0021-PMT-CASH

Pink Pharmacy

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.NITISH GARG

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

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

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



Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 8380 Dated: 25-04-2021

Time : 10:10 AM

Pay Mode : CASH

GC0021-PMT-CASH

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name: PMT

Dr. Add:

Pink
Pharmacy
The Charles Meditaine Store

		631 HOT 30004 17K												-	
S.NO	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EVD	OTV	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	65T %	Amount 939.28
1	A203	MEROSURE 500MG INJ	ALL	VIAL	THEORET AND	21460246	02-23	2	0	526.00		25.00			150.07
2		HUMAN ACTRAPID 40IU INJ 10ML	ABBOTT	10ML	3004	B-70570	04-23	1	0	157.57	150.07	0.00	0.00	5.00	163.50
3	C103	DUPHALAC SYP 150ML	ABBOTT	150ML	3004	241116D7	11-22	1	0	171,67	163.50	0.00	0.00	5.00	69.94
4		ONDET INJ 4ML	INTG	4ML	3004	ION9111	10-22	3	0	26.11	23.31	25.00	17.48		83.78
5	_	NS 0.9% INF SOOML (AMANTA)	AMA	500ML	3004	30602228	11-23	3	0	31.28	27.93	10.00	8.38	ASSESSMENT OF THE PERSON NAMED IN	-
6	THE RESIDENCE OF THE PERSON NAMED IN	PPE KIT (HEALTHPRO)	HEALTH	1.2	6307	PPE001	05-22	1	0	1799.00	1713.33	50.00	856.67	CHARGE STREET,	1713.33
7		DISPOSABLE SYRINGE [DISPOVAN] 2.5ML (HSM)	HLA	2.5ML	9018	104254JK2	12-25	5	0	6.00	5.36	50.00	1000	The second second	26.79
8		DISPOSABLE SYRINGE [DISPOVAN] 5ML (HSM)	HLA	5ML	9018	103054JL2	12-25	5	0	7.50	6.70	50.00		-	33.48
9	E104 D	ISPOSABLE SYRINGE[DISPOVAN] 10ML (HSM)	HLA	10ML	9018	104103JP1	12-25	5	0	9.50	8.48	50.00	21.21	12.00	42.41

and the second second	٧	OUR SAVING :		1168.69			TOTAL		1168.69		3222.59
Amt In Words: Two Thousand Two Hundred Eighteen Rupees only	1	CDOCC MART		DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	GST% CG	ST AMT	TOTAL AMT
Return Policy:	Ask For	0.00		0.00	0.00	0.00	-	0.00	0%	0.00	0.00
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	Generic	2026.89	2000	856.67	1170.24	0.00	2.5%	29.24	2.5%	29.24	1228.72
7)Keturn Within 15 days of relation.  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	Options Or	1000000000	-		883.66	0.00	6.0%	52.99	6.0%	52.99	989.64
		0.00		- Chimilia	0.00	0.00	9.09	0.00	9.0%	0.00	0.00
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Options	0.00	500000	-	0.00	0.0	0 14.0	% 0.0	0 14.0%	0.00	0.00
s in force on the date that the supply		3222.57		The state of the s	THE RESIDENCE OF THE PERSON NAMED IN	0.0	0	82.2	3	82.23	2218.36
egular course of business.				-	_						2242.2

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

Credit Limit: 0 LSD:

O\S: -2437.00 LPD: TDP: 3607590.00

Page: 1 of 1 WISHING YOU PINK OF HEALTH

FOR PRAVARA MEDICALS STORES SHOP NO.3

Pharmatist Authorized

C/N REF: D/N REF:

Prep By :SONALI A

2218.36 INV. AMT. : -0.35 CR/DRNOTE : 2218.00 GRAND TOTAL :



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:

(Pink Pharmacy

S.NO.	SHELF	PRODUCT MANY	-				4								
1	A203	PRODUCT NAME MEROSURE SOOMG IN J	MFAC	PACK	HSN	BATCH	EXP.	OTY	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
2	E108	PPE KIT CLASSIC (APEX)	ALL	VIAL	3004	21460246	02-23		0	526.00	469.64	25.00	117.41	12.00	469.64
3	F104	DISTOCADLE CADINICE EDISPOSITION	APEX			SUREKSH	02-25		0	1499.00	1338.39	50.00	669.20	12.00	1338.39
4	F220	DISPOSABLE SYRINGE [DISPOVAN] 10ML (HSM) ASTOF TOOML (AMANTA)	HLA			104103JP1	12-25		0	9.50	8.48	50.00	4.24	12.00	8.48
5	A208	ONDETINI 4ML	AMA	100ML	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner,	20603367	11-23	- 10	0	17.65	15.76	0.00	0.00	12.00	63.03
6		CÁNNULA 22 NO (HSM)	INTG	4ML	3004	ION9111	10-22		0	26.11	23.31	25.00	17.48	12.00	69.94
7			HLA	1'5	9018	05122N	11-25	2	0	177.00	158.04	80.00	252.86	12.00	316.07
1		N95 FACE MASK (VENUS)	VENUS	1.2	8423	K7-127	03-23	2	0	29.40	28.00	0.00	0.00	5.00	56.00

LSD: Credit Limit: 0  TDP: 3720921.00	FOY PRAVARA MED	armacist / At			C/N REF: D/N REF: Prep By:RU	PALIN				AMT. : DR NOTE : ND TOTAL :	0.36 1408.00
"It I France **Item No Return after sale					1260.36	0.00	1	73.64		73.64	1407.64
is in force on the date that the supply covered by this invoice has been effected by us in regular course of business.		2321.55	27/0200	0.00			14.0%	0.00	14.0%	0.00	0.00
We hereby certify that our registration certificate under the applicable Goods. Service Tax Act	Options	0.00	0.00	0.00	-	0.00	- Sindahaa	200-0-0		0.00	0.00
4)No replacement of medicine accepted, 5) rease clied, medicines before Economy	Options Or Economical	2205,55		1001.12		0.00	6.0%	72.24	6.0%	72.24	1348.84
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 Or	56.00	0.00	0.00	56.00	0.00	2.5%	1.40	2.5%	1.40	58.80
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy	The second secon	0.00	0.00		0.00	0.00	0%	0.00	0%	0.00	0.00
Return Policy:	Ask For	<b>GROSS AMT</b>	<b>SCH AMT</b>	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
Amt In Words : One Thousand Four Hundred Eight Rupees only	YO	UR SAVING:		1061.19			TOTAL		1061.19	9	2321.55



Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE

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

Time : 08:51 PM Pay Mode : CASH

Serviced by

(Pink Pharmacy

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

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

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

Amt In Words : Thirt	y Five Rupees only		Y	OUR SAVING :		58.03		-	TOTAL		58.0	3	89.28
Return Policy:	us of Durchaco if not Con	sumed, 2)Original Bill Copy	William Street, Spice of	GROSS AMT	SCH AMT	A STATE OF THE PARTY OF THE PAR	TAXABLE	CESS		SGST AMT	CONSTRUCTION N	Name and Address of the Owner, where the Owner, which is	TOTAL AMT
required at the time of	return 3 Cold Chain ite	ms will not be taken back	-	0.00	0.00	0.00	0.00	0.00	0%	0.00	0%	0.00	0.00
		se check Medicines Before Leaving	Generic	0.00	0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
		a died incurding perore fearing	options of	89.28	0.00	58.03	31.25	0.00	6.0%	1.87	6.0%	1.87	34.99
	hereby certify that our registration certificate under the applicable Goods .Service Tax Act force on the date .that the supply covered by this invoice has been effected by us in		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 t regular course of business.	he supply covered by this in	voice has been effected by us in	Options	0.00	0.00	0.00	0.00	0.00	14.0%	0.00	14.0%	Unit Marie	0.00
# Item keep in Freeze.	**Item No Return af	ter sale		89.28	0.00	58.03	31.25	0.00		1.87	-	1.87	34.99
LSD:		it Limit: 0	For PRAVARA MED	ICALS STORE	S SHOP NO	).3	C/N REF:	Pa Tra			INV.		
TDP: 3775474.00	775474.00 O\S: -2437.00 LPD:						D/N REF :						34.99
				ermacist / Au	thorized		Prep By :YO	ECUP			The second	DR NOTE :	0.01
VISHING YOU PINK OF H	EALIH	Tagerrorr					cp by . roc	ICOUR			GRA	ND TOTAL :	35.0

JAI JANARDAN MEDICAL & GENERAL STORES

Drug L. No. 20-284325 21-284327 20 C-284326

Cash

Loni Bk. 413736, Tal. Rahata, Dist. A'Nagar.

Memo

27/04/2024

1290=

Name of Patients & Address Sunil Nangyamoo Lond, Rahata.

Prescribed by Dr. Proft .

Qty.	Description	Mfg.	Batch	Exp.	Amoun	
		Name	No.	Date	Rs.	Ps
6	Succinen-In The	Novo.	20126	9/22	1290=	00
	4000	/			/	

औषध किंमत नियंत्रण आदेश १९७० नुसार नजर चुकीने जास्त पैसे घेतले गेल्यास त्वरीत परत देण्यात येतील. डॉक्टरांना दाखविल्याशिवाय औषध घेऊ नये. E.&O.E.



Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE Inv No.: 5 8949

Dated: 27-04-2021

Time : 11:25 AM

Pay Mode : CASH

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

Dr. Add :

(Pink Pharmacy

5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	2735027	2000	l arri	Tener	MRP/UNIT	RATE	DISC %	DISC AMT	G5T %	Amount
1	A203	MEROSURE 500MG INJ	ALL	-	STOREGALD	BATCH	-		FREE		469.64	SECREPTURE OF THE PARTY OF THE	469.64	12.00	1878.57
2	A208	ONDET INJ 4ML				21460246	02-23	4	0	526.00		-			139.87
3	E220	NS INF TOOML (AMANTA)	INTG			ION9111	10-22	6	0	26.11	23.31	25.00	34.97	12.00	0.505.000
A	D775	MC A DOUBLE CHARACTERS	AMA	100ML	3004	20603367	11-23	3	0	17.65	15.76	0.00	0.00	12.00	47.27
7	5202	NS 0.9% INF SOOML (AMANTA)	AMA	500ML	-	30602228	11-23	6	0	31.28	27.93	10.00	16.76	12.00	167.57
3	E104	DISPOSABLE SYRINGE [DISPOVAN] TOML (HSM)	HLA	TOMI	9018	104103IP1	12-25	- 0.00	0	9.50	8.48	50.00	16.96	12.00	33.93
6	E105	DISPOSABLE SYRINGE [DISPOVAN] SML (HSM)	HLA		Distriction of the last of the	103054JL2	12-25	- 111	0	7.50		50.00		12.00	26.78
7		IV SET (ATPL)	AP	1.2		NANO/719	01-24		0	95.00	84.82	80.00	67.86	12.00	84.87
8		CANNULA 22 NO (HSM)	HLA			05122N	11-25	1	0	177.00	158.04	80.00	126.43	12.00	158.0
9		PPE KIT (HEALTHPRO)	HEALTH	1'5	6307	PPE003	05-22	1	0	1799.00	1713.33	50.00	856.67	5.00	1713.3
10		ELDERVIT 12 INU 1.5ML	ELD	1.5ML	2309	EP-0308	10-22	1	0	27.10	24.20	50.00	12.10	12.00	24.2
11	FR-1 H	HUMAN ACTRAPID 401U INJ 10ML	ABBOTT	10ML	3004	B-70570	04-23	1	0	157.57	150.07	0.00	0.00	5.00	150.0

Amt In Words: Three Thousand Seventy Six Rupees only	у	OUR SAVING		1614.77	7	-	TOTAL		1614.7	7	4424.44
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	Generic	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		1863.40	0.00	050.07	1006.74	0.00	2.5%	25.16	2.5%		1057.06
Type replacement of measure nonepression reasons service serving	Options Or Economical	2561.05	0.00	758.11	1802.93	0.00	6.0%	108.12	THE REAL PROPERTY.	Market Street	2019.17
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Options	0.00	0.00	0.00	0.00	0.00	9.0%		- Date de de la constante de l	100.12	
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%	2.00	14.0%	0.00	0.00
regular course of business. # Item keep in Freeze. **Item No Return after sale		4424.45	0.00	1614.77	2809.67	0.00	-	133.28	-		0.00
	For PRAVARA MED	ICALS STORE	S SHOP N	0.3	Calman			133.20		133.28	3076.23
LSD: Credit Limit: 5					C/N REF:				INV.	AMT. :	3076.23
TDP: 3847656.00 O\S: -2437.00 LPD:	Phi	armackt / Au	thorized		D/N REF:	120			CR/E	RNOTE :	-0.24
WISHING YOU PINK OF HEALTH Page: 1 of 1		MMacca	NAME OF THE PERSON NAME OF THE P		Prep By :SHI	LPA	11		GRAM	ID TOTAL :	3076.00



NAGAR-423107 Phone : 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

ST NO: 27AAATP3300N1ZK

TAX INVOICE

Inv No.: 5 9239

Dated: 28-04-2021 Time : 12:32 PM

Pay Mode : CASH

GC0021-PMT-CASH

(Pink Pharmacy

Patient Name: SUNIL KULKARNI

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name: DR.NITISH GARG

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

		431 NO. 27 WALL 33001 12N								1000	-				
5.NO.	SHELF	PRODUCT NAME	MFAC	PACK	HSN	BATCH	EXP.	оту	FREE	MRP/UNIT	RATE	DISC %	DISC AMT	GST%	Amount
1	B261	LEVOFLOX 500MG TAB	CIL		Managood	SB00989	07-23		0	2.22	8.04	5.00	2.41	12.00	48.22
2	C216	IV SET (ATPL)	AP			NANO/719	01-24		0	95.00	84.82	80.00	67.86	12.00	84.82
3	E220	NS INF 100ML (AMANTA)	AMA		_	20603367	11-23		0	17.65	15.76	0.00	0.00	12.00	63.03
4	A203	MEROSURE KIT 1GM INJ	ALL		_	21460242	02-23		0	877.00	783.04	25.00	391.52	12.00	1566.07
5	A124	ELDERVIT 12 INJ 1.5ML	ELD		_	EP-0308	10-22		0	27.10	24.20	50.00	24.20	12.00	48.39
6	$\overline{}$	QUISTA DN POWDER (MILK MASALA)	HIMA	100000000000000000000000000000000000000	-	972000020	02-22	-	0	550.00	466.10	0.00	0.00	18.00	466.7
7		DDE VIT (HEALTHDDO)	UEALTH		Section 1	972000020	05 22		0	1700.00	1713 33	50.00	856.67	5.00	1713.3

Amt In Words: Two Thousand Nine Hundred Thirty Three Rupees only	-	OUR SAVING:		1342.65			TOTAL		1342.6	5	3989.97
Return Policy:	Ask For	GROSS AMT	SCH AMT	DISC AMT	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
1)Return within 15 days of Purchase if not Consumed, 2)Original Bill Copy		0.00	0.00	0.00	0.00	0.00				0.00	0.00
required at the time of return, 3)Cold Chain items will not be taken back	Generic	1713.33	0.00	856.67	856.67	0.00	2.5%	21,41	2.5%	21.41	899.49
4)No replacement of Medicine Accepted,5)Please check Medicines Before Leaving		1810.54	0.00	485.98	1324.55	0.00	6.0%	79.45		-	1483.45
We hereby certify that our registration certificate under the applicable Goods Service Tax Act	Economical	466.10	0.00	0.00	466.10	0.00	The state of the s			The state of the s	
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	2000000	14.0%				549.98
regular course of business.		3989.97	0.00	1342.65	S100000				14.0%	0.00	0.00
# Item keep in Freeze. **Item No Return after sale		LE AL C STORE		The second second	2047.32	0.00		142.80		142.80	2932.92
SD: Credit Limit: 0	For PRAVARA MED	ICALS STORE	S SHUP N	0.3	C/N REF:			8 1 3	INV.	AMT. :	2932.92
DP: 3972797.00 O\S: -2437.00 LPD:	Di-	armacist / Au	Phonin a		D/N REF:				CR/E	OR NOTE :	0.09
VISHING YOU PINK OF HEALTH Page: 1 of 1	Pile	armacist/ Au	chorized		Prep By :POO	JA K		100 - 8	GRAN	ID TOTAL :	2933.00



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

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

Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N1ZK

TAX INVOICE Inv No.: 5 9455

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

Pay Mode : CASH

Serviced by

Pink
Pharmacy

GC0021-PMT-CASH Patient Name: KULKARNI SUNIL NARAYAN

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K.PATEL

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

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



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

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

GST NO: 27AAATP3300N1ZK

TAX INVOICE

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

Pay Mode : CASH

Serviced by Pink Pharmacy

TOTAL .

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

Doctor Name : DR.ROHIT

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

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

YOUR SAVING:

234.82



NAGAR-423107

Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

GST NO: 27AAATP3300N17K

**GST SALES RETURN** 

Inv No.: L 561

Dated: 30-04-2021

Time : 03:57 PM

Pay Mode : CASH

Patient Address: PRAVARA HOSPITAL, LONI

Pink Pharmacy

Patient Name: SUNIL KULKARNI

Mobile:9822811918

Doctor Name: DR.NITISH GARG

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

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

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

Page: 1 of 2



PRAVARA MEDICALS STORES SHOP NO.3

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

NAGAR-423107 Phone: 2422271615

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

CCTNO 27444TD2200447V

GST NO: 27AAATP3300N1ZK

**GST SALES RETURN** 

Inv No.: L 561

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

Pay Mode : CASH

Serviced by

Pink
Pharmacy
The Genuine Medicine Store

Patient Name: SUNIL KULKARNI

Patient Address : PRAVARA HOSPITAL, LONI

Mobile:9822811918

Doctor Name: DR.NITISH GARG

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

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

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



NAGAR-423107 Phone: 2422271615

E-mail: pinkpmt@dvijaypharma.com

DL No.: 20-132550,21-132551

Amt In Words: Seven Hundred Twenty Three Rupees only

TAX INVOICE

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

Time : 04:52 PM Pay Mode : CASH

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address: PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT

TOTAL:

707.90

Dr. Add:

Pink Pharmacy

62.04

S.NO. SHELF	PRODUCT NAME						TY.							
1 B26	PRODUCT NAME  1 CELIN 500MG CHEW TAB 20'S	MFAC	PACK	HSN	BATCH	EXP.	оту	FRFF	MRP/UNIT	RATE	DISC %	DISC AMT	GST %	Amount
2 B522	BECOZINC CAP 30'S	GLAXO	20.2	3004	CEC513120	02-22			1.53	1.37				20.54
	SUPRADYN TAB	AQA			V2000443	11-22	15	0	1.57	1.40	0.00	0.00	12.00	21.06
	STAFCURE CV 500MG TAB 10'S	AHPL	15`5	3004	MH3869	11-22	15	0	2.26	2.02	5.00	1.51	12.00	30.29
5 B34	PANTOSEC D TAB	M008	10.2	3004	LOE2020A	09-22	7	0	64.50	57.59	0.00	0.00	12.00	403.12
	1 PERISET 8MG TAB	CIPLAG	10.2	3004	AFB20G09	08-22	7	0	14.90	13.30	65.00	60.53	12.00	93.12
	Treaser and IMP	I IPC	10.0	2004	FWCODOOCA	11 33	21	0	7.46	0.00	0.00	0.00	12.00	220.70

	Dell'ANCHO		02.0			IUIA		02.0	14	707.90
Ask For		-	The property and	TAXABLE	CESS	SGST%	SGST AMT	CGST%	CGST AMT	TOTAL AMT
A CONTRACTOR OF STREET	0.00	0.00	0.00	0.00			0.00	<b>AND REPORT OF STREET, STREET,</b>	The second secon	0.00
		0.00	0.00	0.00	0.00	2.5%	0.00	2.5%	0.00	0.00
See the second of the second	707.90	0.00	62.04	645.86	0.00	6.0%	38.72	6.0%	38.77	723.30
	0.00	0.00	0.00	0.00	0.00	9.0%		-		0.00
Options	0.00	0.00	0.00	0.00	0.00	-		and the second		0.00
	707.90	0.00	62.04	645.86	0.00			100000000000000000000000000000000000000	38.72	723.30
For PRAVARA ME	DICALSSTOR	ES SHOP I	10.3	C/N REF :				INV.	AMT. :	723.30
	1	2/		D/N REF:				CR/	DR NOTE :	-0.31
Pt	armacist	utherized		Prep By :RO	HINI			GRA	ND TOTAL :	723.00
	Ask For Generic Options Or Economical Options For PRAVARA ME	ASK FOT	Ask For   GROSS AMT   SCH AMT   O.00   O.0	ASK FOT   GROSS AMT   SCH AMT   DISC AMT	ASK FOT	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST 94   SGST AMT	ASK FOT	ASK FOT   GROSS AMT   SCH AMT   DISC AMT   TAXABLE   CESS   SGST%   SGST AMT   CGST%   CGST AMT

YOUR SAVING:



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

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

GST NO: 27AAATP3300N1ZK

**GST SALES RETURN** 

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

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

Mobile:9162621918

Doctor Name : DR.AVNI BHADJA

Dr. Add:

Serviced by

Pharmacy

Pink

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

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



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

NAGAR-413736 Phone: 2422271416

E-mail: pinkpmt@dvijaypharma.com

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

GST NO: 27AAATP3300N1ZK

TAX INVOICE

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

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

GC0021-PMT-CASH

Patient Name: KULKARNI SUNIL

Patient Address : PRAVARA HOSPITAL, LONI Mobile:

Doctor Name : DR.ROHIT K PATEL

Dr. Add:

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

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