Author: Shyam Hajare

Hospital GSTIN No.: 36AABCU6403H1ZH

Indent Process No.:

Dept. Name:

Auth/Amnd Dt:

Anaesthesiology

PO No.:

Credit Period:

POCS2023000002

Dedivvery Date:

Suppdiver Address:

PO Date:

HIMALAYAPHARMA GROUND FLOORGHORI NAGAR COLON LOD BOWENPALLY SECUGHORI NAGAR COLON LOD BOWENPALLY SECU

02-jan-24

SECUNDERABAD TELANGANA India

Dedivvery At:

									GST Amount			
Sl No.	Item Name	HSN Code	MFR	Qty	MRP	RATE	Disc	TAX	Sub-column 1	Sub-column 2	Sub-column 3	Amount
1	DoloFan Inj		GEN	1.00	12.00	2.00	1.00	3.00	0.60	0.60	0.60	0.60
1	DoloFan Inj		GEN	1.00	12.00	2.00	1.00	3.00	0.60	0.60	0.60	0.60
1	DoloFan Inj		GEN	1.00	12.00	2.00	1.00	3.00	0.60	0.60	0.60	0.60

Name DoB Place