

Invoice Bill No: 30 Payment: -2025-05-13

**CUSTOMER NAME** DIRECT CUSTOMERS **M** 1212121212

DOCTOR NAME M

20010001000100														
Sr.	Item Name	Unit	Batch	MRP	Expiry	QTY	GST	Location	Amount					
1	TEST	10	T1	100	12/27	1	5	1	₹ 0/-					

■Background Loan

Terms & Conditions AFTER 10 DAYS NO RETURN	Total GST	5	Total MRP	₹ 10/-	Net Amount	₹ 10/-	
NO POINT ADD IN HOME DELIVERY	Total Qty	1	Round off.	0.00			
MINIMUM ORDER 500 FOR HOME DELIVERY 20 % DISCOUNT ON LAB TEST ON LAB ONLY	Total Item(s)	1	Discount	₹ 0/-			

**ONLINE ORDER ACCEPT VIA APPLICATION** 

