

Invoice Bill No: 9 Payment: -2025-04-03

CUSTOMER NAME DIRECT CUSTOMERS M 1212121212

DOCTOR NAME M

| Sr. | Item Name | Unit | Batch | MRP | Expiry | QTY | GST | Location | Amount |
|-----|--------------|------|-------|-----|--------|-----|-----|----------|--------|
| 1 | DOLO 650 | 10 | B2 | 100 | 12/25 | 10 | 18 | D1 | ₹ 0/- |



| Terms & Conditions AFTER 10 DAYS NO RETURN | Total GST | 18 | Total MRP | ₹ 100/- | Net Amount | ₹ 100/- | |
|---|---------------|----|------------|---------|------------|---------|--|
| NO POINT ADD IN HOME DELIVERY | Total Qty | 10 | 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

