

Invoice Bill No: 6 Payment: -2025-03-21

CUSTOMER NAME	MAHESH	М	8585856565
	_		

DOCTOR NAME M	DO	CI	OR	NAME	М
---------------	----	----	----	------	---

Sr.	Item Name	Unit	Batch	MRP	Expiry	QTY	GST	Location	Amount
1	TRENTAL 400 TAB	10	10	10	12/26	10	12	L1	₹ 0/-



Terms & Conditions AFTER 10 DAYS NO RETURN	Total GST	1	Total MRP	₹ 10/-	Net Amount	₹ 10/-	
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

