

MANKIND PHARMA LTD.
 SHOP NO 6, PLOT NO 6 LOCAL SHOPPING CENTRE,
 CHELAN COMPLEX SHRESTHA VIHAR, DELHI 110092 State
 Code:07 State Name: Delhi

Bill to Address : (1041877)
 JOLLY ENTERPRISES
 B-116, 1st FLOOR POCKET B OKHLA PHASE 1, OKHLA,
 SOUTH DELHI, DELHI OKHLA PHASE-1 110020
 Mob.-Tel-9911022259- 9911422285

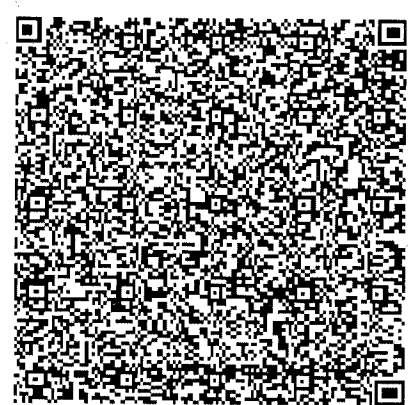
Ship to Address : (1041877)
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TAX INVOICE (Zesteva)
 Invoice No : 290821158
 Inv. Date : 05.03.2022
 Order No. : 1011138692
 GR/PR No. :
 GR/PR Date :
 No of cases :
 Weight in Kgs :
 Party Ref No. :
 Rev.-Change :
 No Dist.Chnl. 01

Location : 1508
 Phone : 011-43091170
 GST No : 07AAAACM9401C1ZX
 Fax No :
 D.L. No1 : 20B-DL-OKH-119353
 D.L. No2 : 21B-DL-OKH-119353
 Food Lic. No. : 1331801100041
 IRN NO :
 4a8e67bc5aeca7772a5de9050d1ab3e1e441abc1e910520373e
 eea3640c6580ef

DELIVERY AT : OKHLA PHASE-1
 GST No : 07BDDPP4129A1ZY
 PAN : BDDPP4129A
 D.L. No. 1 : 20B-DL-OKH-119352
 D.L. No. 2 : 21B-DL-OKH-119353
 STATE NAME : Delhi
 Goods Through :
 Place of supply :
 State Code : 07

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 STATE NAME : Delhi
 Goods Through :
 Place of supply :
 State Code : 07



Material HSN Code	Material Description	Pack	C	Mfg Name/ Batch	Mfg Date/ Exp Date	Mfg date/ use Before	MRP	P.T.R	P.T.S	QTY	Amount	Disc. Amt/ %	Amount/ CGST%	Amount/ SGST%	Amount/ IGST%	Net Amount
50003140	EVAKIND TABLETS	10 TABS	D	Pharma Force Lab UNIT III 09EJU002	JAN-21		45.00	32.14	28.93	12	347.46	57.86	17.36	17.36	0.00	289.3
30049011					DEC-22							16.67	6.00	6.00		
50001089	FERIKIND	10 TAB	D	CRIS PHARMA (INDIA) LTD ASBEU016	JUL-21		104.67	74.76	67.29	12	807.48	0	48.45	48.45	0.00	807.48
30045010					JUN-23							0.00	6.00	6.00		
50002971	OVALBESS-MYO TABLETS	10 TABS	D	PHARMA FORCE LAB UNIT II BCAIU021	OCT-21		220.00	149.15	134.24	18	2416.32	0	217.47	217.47	0.00	2416.32
21069099					MAR-23							0.00	9.00	9.00		
Total											3570.96	57.86	283.28	283.28	0	3513.10

Total	0.00	3513.10
Add CGST 6 % on	1096.78	65.81
Add SGST 6 % on	1096.78	65.81
Add TCS 0.1 % on	4079.66	4.07
Add CGST 9 % on	2416.32	217.47
Add SGST 9 % on	2416.32	217.47
Net Invoice Amt	0.00	4083.73
Less Cr. NI *	0.00	0.00
Add Debit NI +	0.00	0.00
Add Rounding Off	0.00	0.27
Net Payable Amt	0.00	4084.00
	0.00	0.00


For Pymt thru :
 DD/Chq should be made in favour of MANKIND PHARMA LTD. Payable At New Delhi.
 Online mode: Virtual A/C "" should be used. Bank Name: "" " IFSC Code: "" " Account Type: "" "
 Payment not released before due date of this Invoice will incur Interest 14 % p.a. Any Payment/Stockissue to any person under whatsoever
 Context/reason without the permission of the Co. is not bound on us.
 GOODS SUPPLIED AGAINST THIS INVOICE DO NOT CONTRAVENE THE PROVISION OF SECTION 18 OF THE DRUG AND COSMETIC ACT 1940.
 DUE DATE: 15.03.2022 CHEQUE No. :
 For payment through UPI mode, kindly visit : WWW.AICODAWACS.COM

Amount In Words : FOUR THOUSAND EIGHTY FOUR RUPEES ONLY

CRN :
 DBN :
 Prepared By :
 Checked by :
 For MANKIND PHARMA LTD.

All Claims are subject to NEW DELHI Jurisdiction.

Mankind Pharma Ltd., CIN No:- U74899DL1991PLCO44843 PAN-AAAACM9401C, Regd. Off: 208, Okhla Industrial Estate, Phase-3, NEW DELHI, (110020), Ph.01-46541111, Fax-01-46541382, contact@mankindpharma.com, www.mankindpharma.com


Authorized Signatory