

MANKIND PHARMA LTD.
 SHOP NO.5, PLOT NO.6 LOCAL SHOPPING CENTRE,
 CHETAN 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

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 Mob:-Tel-9911022259- 9911422285

TAX INVOICE (Gravitas Mankind)
 Invoice No : 290823152
 Inv. Date : 19.03.2022
 Order No. : 1011202492
 GR/PR No. :
 GR/PR Date :
 No. of cases :
 Weight in Kgs :
 Pary Ref No. :
 Rev.-Change :
 No Dist.Chnl. 01

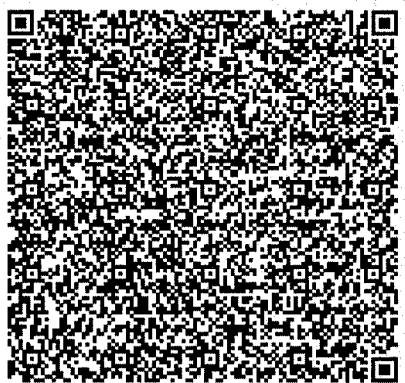
Location : 1508
 Phone : 011-43091170
 GST No : 07AAACM9401C1ZX
 Fax No :
 D.L.No1 : 20B-133533
 D.L.No2 : 21B-135354,
 Food Lic. No. : 1331801100041

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 : OKHLA PHASE-1
 State Code : 07

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IFRN NO : 33a0abab8401ab55e4b673dcae6130a8549bfa691145b2db5711
 28d42b3f06146

Handwritten: TPN-0124



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/ Disc.-%	Amount/ CGST%	Amount/ SGST%	Amount/ IGST%	Net Amount
50002227 30049087	CEFAKIND-CV 500 TABLETS (10 TABS)	10 TAB	D	COPMED PHARMACEUTICALS PVT A1AEU047	DEC-21 MAY-23		449.90	321.36	289.22	12	3470.64	0 0.00	208.24 6.00	208.24 6.00	0.00	3470.64
50002177 30045036	D3 MUST DROPS	15 ML	N	SIRMOUR REMEDIES PVT. LTD. J3ALU063	DEC-21 NOV-23		39.48	28.20	25.38	40	1015.2	0 0.00	60.91 6.00	60.91 6.00	0.00	1015.2
5002909 30045036	D3 MUST FORTE DROPS	15 ML	D	Thrupati Medicare Limited B9CWU019	OCT-21 MAR-23		80.00	57.14	51.43	20	1028.6	0 0.00	61.72 6.00	61.72 6.00	0.00	1028.6
50001950 30049087	LIZOFORCE DRY SYRUP	30 ML	D	Hetero Labs Limited (Unit- B7BPU015	DEC-21 NOV-23		119.99	85.71	77.14	12	925.68	154.28 16.67	46.28 6.00	46.28 6.00	0.00	771.4
50001369 30049087	LIZOFORCE-600	4 TAB	N	Hetero Labs Limited (Unit- B6BPV007	JAN-22 DEC-23		143.38	102.41	92.17	24	2212.08	368.68 16.67	110.60 6.00	110.60 6.00	0.00	1843.4
50003348 30049099	NUROKIND-Z MORE TABLETS	10 TABS	D	CRIS PHARMA (INDIA) LTD. H2BEV001	JAN-22 JUN-23		59.90	42.79	38.51	12	462.12	77.02 16.67	23.11 6.00	23.11 6.00	0.00	385.1
50000568 30049099	VERTISTAR-MD 8 TAB	10 TAB	D	MANKIND PHARMA LTD. F81AU005	OCT-21 SEP-23		49.40	35.29	31.76	12	381.12	0 0.00	22.87 6.00	22.87 6.00	0.00	381.12
Total											9495.44	599.98	533.73	533.73	0	8895.46

For Pymt thru :
 DD/Cht 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 /Stock issue 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: 29.03.2022 CHEQUE No. :
 For payment through UPI mode, kindly visit : WWW.AIOCDAMACS.COM

Total	0.00	8895.46
Add CGST 6 % on		533.73
Add SGST 6 % on		533.73
Add TCS 0.1 % on		9.96
Net Invoice Amt.	0.00	9972.88
Less Cr. N +	0.00	0.00
Add Debit N +	0.00	0.00
Add Rounding Off	0.00	0.12
Net Payable Amt.	0.00	9973.00

0.00 | 0.00

Amount in Words : NINE THOUSAND NINE HUNDRED SEVENTY THREE RUPEES ONLY

GRN :

DBN :

Prepared By

Checked by

All Claims are subject to NEW DELHI Jurisdiction.

For MANKIND PHARMA LTD.
Authorized Signatory

Mankind Pharma Ltd, CIN No. - U74899DL1997PLC044843, PAN-AAAACM9401C, Regd Off : 208, Okhla Industrial Estate, Phase-3, NEW DELHI, (110020), Ph. 011-46541111, Fax-011-46541382, contact@mankindpharma.com, www.mankindpharma.com