

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

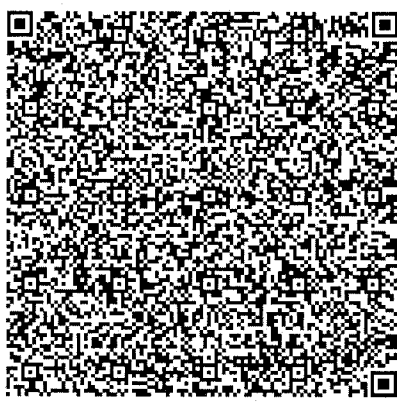
Ship to Address : (1041877)
JOLLY ENTERPRISES
 B-116,1st FLOOR POCKET B OKHLA PHASE 1, OKHLA,
 SOUTH DELHI, DELHI OKHLA PHASE-1 110020
 Mob:-Tel:9911022259- 9911422285

TAX INVOICE (Aspirin Mankind)
 Invoice No : 290823162
 Inv. Date : 19.03.2022
 Order No. : 1011202704
 GR/PR No. :
 GR/PR Date :
 No of cases :
 Weight in Kgs :
 Party Ref No. :
 Rev.-Charge :
 No Dist.Chnl. 01

Location : 1508
 Phone : 011-43091170
 GST No : 07AAACM9401C1ZX
 Fax No :
 D.L.No1 : 20B-135353
 D.L.No2 : 21B-135354,
 Food Lic. No. : 1331801100041

DELIVERY AT : OKHLA PHASE-1
 GST No : 07BDDPP4129A12ZY
 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 : OKHLA PHASE-1
 07

DELIVERY AT : OKHLA PHASE-1
 GST No : 07BDDPP4129A12ZY
 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 : OKHLA PHASE-1
 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/ Disc. %	Amount/ CGST%	Amount/ SGST%	Amount/ IGST%	Net Amount
50000597	LECOPE-M TABLETS	10 TAB	D	MANKIND PHARMA LTD. CSIAU008	OCT-21		99.90	71.36	64.22	36	2311.92	385.32	115.60	115.60	0.00	1926.6
30049039					SEP-23						16.67	0	6.00	6.00	0.00	
50002238	NIUROKIND-D3 TABLETS	10 TAB	D	PURE & CURE HEALTHCARE PVT A0GKU034	OCT-21		155.88	111.34	100.21	12	1202.52	0.00	72.15	72.15	0.00	1202.52
30049099					MAR-23							0.00	6.00	6.00	0.00	
Total											3514.44	385.32	187.75	187.75	0	3129.12

Total	0.00	3129.12
Add CGST 6 % on		187.75
Add SGST 6 % on		187.75
Add TCS 0.1 % on		3.51
Net Invoice Amt.	0.00	3508.13
Less Cr. NI *	0.00	0.00
Add Debit NI +	0.00	0.00
Less Rounding Off	0.00	0.13
Net Payable Amt.	0.00	3508.00
	0.00	0.00

For Pymt thru :
 DD/Cheq should be made in favour of MANKIND PHARMA LTD. Payable At New Delhi.
 Online mode: Virtual A/C "" should be used. Bank Name: "" FSC 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: 29.03.2022 CHEQUE No. :
 For payment through UPI mode, kindly visit : WWW.AIOCCDAMACS.COM

Amount in Words : THREE THOUSAND FIVE HUNDRED EIGHT RUPEES ONLY

CRN :
 DBN :
 Prepared By :
 Checked by :
 All Claims are subject to NEW DELHI Jurisdiction.

For MANKIND PHARMA LTD.
 Authorised Signatory

Mankind Pharma Ltd. CIN No. - U74899DL1991PLC044943.PAN-AAACM9401C. Regd. Off : 208, Okhla Industrial Estate, Phase-3, NEW DELHI, (110020), Ph. 011-46541111, Fax-011-46541382, contact@mankindpharma.com, www.mankindpharma.com