

**MANKIND PHARMA LTD.**  
 SHOP NO 5, PLOT NO 6, LOCAL SHOPPING CENTRE,  
 CHETAN COMPLEXSHESTHA 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 (Zesteva)**  
 Invoice No : 290823163  
 Inv. Date : 19.03.2022  
 Order No. : 1011202703  
 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 : 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 : 07



*JPLR 8125*

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
50003122	EVAKIND SYRUP	200 ML	D	PHARMA FORCE LAB-UNIT II	AUG-21 JUL-23		125.00	89.29	80.36	36	2892.96	482.16 16.67	144.65 6.00	144.65 6.00	0.00	2410.8
30049011				8DAIU018						10	686.4	0 0.00	41.18 6.00	41.18 6.00	0.00	686.4
50003045	LETROHOPE-2.5 TABLETS	5 TABS.	N	UNIMARCK HEALTHCARE LTD. A01VU005	OCT-21 SEP-23		106.78	76.27	68.64	12	1610.88	0 0.00	144.98 9.00	144.98 9.00	0.00	1610.88
50002971	OVBLESS-MYO TABLETS	10 TABS	D	PHARMA FORCE LAB-UNIT II	OCT-21 MAR-23		220.00	149.15	134.24	12	1610.88	0 0.00	144.98 9.00	144.98 9.00	0.00	1610.88
50002195	VOMILAST-OD TABLETS	10 TAB	D	PURE & CURE HEALTHCARE PVT C0GKU022	NOV-21 OCT-23		99.00	70.71	63.64	30	1909.2	190.92 10.00	103.10 6.00	103.10 6.00	0.00	1718.28
30049099										Total	7099.44	673.08	433.91	433.91	0	6426.36

For Pymt thru :  
 DD/Chtg 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/reson without the permission of the Co. is not bound on us.  
 GOODS SUPPLIED AGAINST THISINVOICE DO NOT CONTRAVENE THE PROVISION OF SECTION 18 OF THE DRUG ANDCOSMETIC ACT 1940.  
 DUE DATE: 29.03.2022 CHECKUE No. :  
 For payment through UPI mode, Kindly visit : WWW.AIOCDAWACS.COM

Add CGST 6 % on	0.00	6426.36
Add SGST 6 % on	4815.48	288.93
Add TCS 0.1 % on	4815.48	288.93
Add TCS 0.1 % on	7294.18	7.29
Add CGST 9 % on	1610.88	144.98
Add SGST 9 % on	1610.88	144.98
Net Invoice Amt.	6.00	7301.47
Less Cr. NI *	0.00	0.00
Add Debit NI +	0.00	0.00
Less Rounding Off	0.00	0.47
Net Payable Amt.	0.00	7301.00
	0.00	0.00

Amount in Words : SEVEN THOUSAND THREE HUNDRED ONE RUPEES ONLY

CRN:

DBN:

Prepared By

Checked by

All Claims are subject to NEW DELHI Jurisdiction.

Mankind Pharma Ltd, CIN No - U74899DL1991PLC044843 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

Authorised Signatory

For MANKIND PHARMA LTD.

