

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

Ship to Address: (1041877)
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TAX INVOICE (Star Mankind)
 Invoice No : 290823165
 Inv. Date : 19.03.2022
 Order No. : 1011202/01
 GR/PR No. :
 GR/PR Date :
 No of cases :
 Weight in Kgs :
 Party Ref No. :
 Rev.-Charge :
 No Dist.Chnl. 01

ORIGINAL

Location : 1508
 Phone : 011-43091170
 GST No : 07AAAA0M9401C1ZX
 Fax No :
 D.L. No1 : 208-135353
 D.L. No2 : 21B-135354,
 Food Lic. No. : 1331801100041

DELIVERY AT : OKHLA PHASE-1
 GST No : 07BDDPP4129A1ZY
 PAN : BDDPP4129A
 D.L. No. 1 : 208-DL-OKH-119352
 D.L. No. 2 : 21B-DL-OKH-119353
 STATE NAME : Delhi
 Goods Through :
 Place of supply :
 State Code : OKHLA PHASE-1
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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
50002679	ASTHAKIND-LS EXPECTORANT	100 ML	D	MANKIND PHARMA LTD. - UNIT	DEC-21		85.00	60.71	54.64	26	1420.64	0	88.24	88.24	0.00	1420.64
30049099	ASTHAKIND-LS EXPECTORANT	100 ML	D	6ABU085	MAY-23		85.00	60.71	54.64	34	1857.76	546.4	78.68	78.68	0.00	1311.36
50002679	ASTHAKIND-LS EXPECTORANT	100 ML	D	MANKIND PHARMA LTD. - UNIT	DEC-21		85.00	60.71	54.64	7	358.4	0	21.50	21.50	0.00	358.4
30049099	ASTHAKIND-LS EXPECTORANT	100 ML	D	6ABU087	MAY-23		85.00	60.71	54.64	7	358.4	29.41	6.00	6.00	0.00	358.4
50000242	DROTIKIND-M	10 TAB	D	J.K. PRINT PACKS (PHARMA D	OCT-20		79.64	56.89	51.20	5	256	51.2	12.29	12.29	0.00	204.8
30049099	DROTIKIND-M	10 TAB	D	CSHP1019	SEP-22		79.64	56.89	51.20	5	256	0	6.00	6.00	0.00	204.8
50003053	NOBLOK SALINE NASAL SPRAY	20 ML	D	PHARMA FORCE LAB- UNIT I	OCT-20		79.64	56.89	51.20	60	1774.2	147.85	97.58	97.58	0.00	1626.35
30049099	NOBLOK SALINE NASAL SPRAY	20 ML	D	7FAHT016	SEP-22		79.64	56.89	51.20	60	1774.2	20.00	6.00	6.00	0.00	1626.35
50002526	URIKIND-KM SACHET	5 GM	D	PHARMA FORCE LAB-UNIT II	FEB-22		33.00	22.37	20.14	120	2416.8	201.4	199.39	199.39	0.00	2215.4
21069099	URIKIND-KM SACHET	5 GM	D	A2IMU025	NOV-23		33.00	22.37	20.14	120	2416.8	8.33	9.00	9.00	0.00	2215.4
				4AAIV012	JUL-23											
											8083.8	946.85	494.68	494.68	0	7136.95

Handwritten signature and date: 19/03/22

For Pynt thru :
 DD/Che 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: 29.03.2022 CHEQUE No. :
 For payment through UPI mode, kindly visit : WWW.AIOCDAWACS.COM

Total	0.00	7136.95
Add CGST 6 % on	4921.55	295.29
Add SGST 6 % on	4921.55	295.29
Add TCS 0.1 % on	8126.31	8.12
Add CGST 9 % on	2215.40	199.39
Add SGST 9 % on	2215.40	199.39
Net Invoice Amt.	0.00	8134.43
Less Cr. NI *	0.00	0.00
Add Debit NI +	0.00	0.00

Less Rounding Off	0.00	0.43
Net Payable Amt.	0.00	8134.00
	0.00	0.00

Amount in Words : EIGHT THOUSAND ONE HUNDRED THIRTY FOUR RUPEES ONLY

CRN:

DBN :

Prepared By

Checked By

For MANKIND PHARMA LTD.
Authorised Signatory

All Claims are subject to NEW DELHI Jurisdiction.
Mankind Pharma Ltd. CIN No.- U74899DL1991PLC044943 PAN-AAACW8401C, Regd. Off: 208, Okhla Industrial Estate, Phase-3 NEW DELHI, (110020) Ph:01-46541111,Fax:01-46541382,contact@mankindpharma.com, www.mankindpharma.com