

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 OKHLAPAHSE 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 OKHLAPAHSE 1, OKHLA,
 SOUTH DELHI, DELHI OKHLA PHASE-1 110020
 Mob.-Tel-9911022259- 9911422285

TAX INVOICE (Gravitas Mankind)
 Invoice No : 290824047
 Inv. Date : 23.03.2022
 Order No. : 1011234851
 GR/PR No. : BY HAND
 GR/PR Date :
 No of cases :
 Weight in Kgs :
 Party Ref No. :
 Rev-Charge :
 No Dist.Chnl. 01

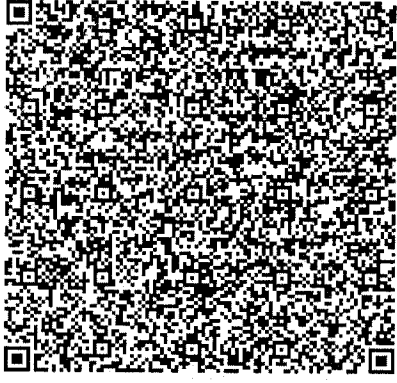
ORIGINAL

TRM-8321

Location : 1508
 Phone : 011-43091170
 GST No : 07AAACM9401C1ZX
 Fax No :
 D.L. No1 : 20B- 135353
 D.L. No2 : 21B- 135354,
 Food Lic. No. : 1331801100041
 IRN NO :
 0f3e3a8637a67303fa7cee2ae945ee10bde0260f54386a389ad
 1067fa1c72374

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

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



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
50002122 30042063	CLARINOVA-500 TABLETS	6 TAB	N	MEDIFORCE HEALTHCARE-PVT. BAAFU013	DEC-21 NOV-23		196.63	140.45	126.41	24	3033.84	0 0.00	182.03 6.00	182.03 6.00	0.00	3033.84
50002909 30045036	D3 MUST FORTE-DROPS	15 ML	D	Trupari Medicare Limited BACWU019	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
50000407 30049099	MAHAGABA M-75	10 CAP	D	MANKIND PHARMA LTD. - UNIT SPABU008	NOV-21 OCT-23		129.00	92.14	82.93	12	995.16	0 0.00	59.71 6.00	59.71 6.00	0.00	995.16
50003348 30049099	NUROKIND-Z MORE TABLETS	10 TABS	D	CRIS PHARMA (INDIA) LTD. HZBEV001	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
50002499 21069099	ORTHOBOON SACHET	12 GM	D	PHARMA FORCE LAB-UNIT II BAAIU014	NOV-21 OCT-23		95.00	64.41	57.97	12	695.64	0 0.00	62.61 9.00	62.61 9.00	0.00	695.64
50000325 30049099	VERTSTAR-MID 16 TAB	10 TAB	D	MANKIND PHARMA LTD. BAAIU014	DEC-21 NOV-23		88.90	63.50	57.15	12	685.8	0 0.00	41.15 6.00	41.15 6.00	0.00	685.8
Total											6901.16	77.02	430.33	430.33	0	6824.14

Total	6824.14
Add CGST 6 % on	367.72
Add SGT 6 % on	367.72
Add TCS 0.1 % on	7.68
Add CGST 9 % on	62.61
Add SGT 9 % on	62.61
Net Invoice Amt.	7692.48
Less Cr. Nil	0.00
Add Debit Nil +	0.00
Less Rounding Off	0.48

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: " " 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 THISINVOICE DO NOT CONTRAVENE THE PROVISION OF SECTION 18 OF THE DRUG ANDCOSMETIC ACT 1940.
 DUE DATE: 02.04.2022 CHEQUE No. :
 For payment through UPI mode, kindly visit : WWW.AIOCDAWACS.COM

Amount in Words : SEVEN THOUSAND SIX HUNDRED NINETY TWO RUPEES ONLY

Net Payable Amt.	0.00	7692.00
	0.00	0.00

CRN:

DBN:

Checked by

For MANKIND PHARMA LTD.
Authorized Signatory

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