

ORIGINAL FOR BUYER

SEAN PHARMA DISTRIBUTORS
 (SPDL)

CGST (MEDICALS/A-36)
 REGISTRATION PHASE-1 OKHLA INDUSTRIAL AREA
 NEW DELHI - 110020
 TEL: 011-21542601, 8447171569

Recipient (Billed To) **RL9585**
 Customer Name & Address: **JOLLY ENTERPRISES PHASE-1, OKHLA INDUSTRIAL AREA PHASE-1, NEW DELHI, NEW DELHI - 110020**
 Tel: 9911022259, 9911022259, 9911022259

Customer Name & Address: **JOLLY ENTERPRISES PHASE-1, OKHLA INDUSTRIAL AREA PHASE-1, NEW DELHI, NEW DELHI - 110020**
 Tel: 9911022259, 9911022259, 9911022259

Tax Invoice No.: **DL2154124055**
 Date of Invoice: **11/03/22**
 Time of Supply: **DELHI**
 Tax Payable On Reverse Charge (Y/N): **N**
 E-Way Bill No.: **7355**
 Weight (Kgs) of Consignment: **7.355**
 Mode of Dispatch: **By Road**
 Name of Courier: **By Road**
 Invo Terms: **Total No of Boxes/Shipper: 4**
 AWB No.: **AWB Date: 11/03/22**
 Vehicle No.: **AWB No.:**
 Site Ref No.: **B41IM22439 - F**
 IR Ref No.: **46c64207262842700e9ed04e9595628e55f1a3e339209a**
 2086f2cc5bba8208



Place: **NEW DELHI**
 Pin Code: **110020**
 State / Ccts: **DELHI**
 PAN NO.: **EDDP4129A**
 Drug Lic. No. 1: **DL-OKH-119352**
 Drug Lic. No. 2: **DL-OKH-119353**
 FSSAI No.: **23318008000645**
 CIN No.: **23318008000645**
 GSTIN/Unique ID: **07BDDPP4129A1ZY**
 Buyer PO No.: **07BDDPP4129A1ZY**
 PO Date: **03/11/2022**


Supply Type: **Outward**
 State / Code: **DELHI**
 PAN NO.: **BDDPP4129A**
 Drug Lic. No. 1: **DL-OKH-119352**
 Drug Lic. No. 2: **DL-OKH-119353**
 FSSAI No.: **23318008000645**
 CIN No.: **23318008000645**
 GSTIN/Unique ID: **07BDDPP4129A1ZY**

Category: **Pharmaceuticals**
 Transaction Type: **Outward**
 Transaction Mode: **By Road**

Sr. No.	Mfg. Code	CAT	Product Description	HSN Code	Unit (UOM)	Batch No.	Expiry Date	No of Boxes/ Shipper	Total Qty	Price Per Unit	P.T.R.	M.R.P.	Total Value	Disc %	Discount Value	Taxable Value	CGST		SGST		Total Amount	
																	Rate of tax %	Amount	Rate of tax %	Amount		
1	SP	N	CAVERTA TABLETS 25 MG 4'S CLASSIC (CK)	30049099	S04	SXC2098A	10/23	2	2	99.000	110.00	154.00	792.00	0.00	0.00	792.00	6.00	47.52	6.00	47.52	887.04	
2	SP	N	SPORIDEX REDIMIX 250 MG/5 ML	30042012	BL1	DFD0033A	06/23	60	50	74.571	82.86	116.00	4474.26	0.00	0.00	4474.26	6.00	268.46	6.00	268.46	5011.18	
3	SP	N	ZANOCIN OD TABLETS 400 MG 2X5X5'S	30049099	S05	SXC2401A	12/24	1	10	127.286	141.43	198.00	1272.86	0.00	0.00	1272.86	6.00	76.37	6.00	76.37	1425.60	
4	SP	N	ZANOCIN OZ TABLETS 10X10'S	30049099	S10	GMY003Z	11/23	5	50	108.000	120.00	168.00	5400.00	10.00	540.00	4860.00	6.00	291.60	6.00	291.60	5443.20	
Invoice Amount: 11939.12													540.00		11399.12		683.95		683.95		12767.02	

Handwritten: 2439 / 1 + 1 Box

DESCRIPTION	Rate	Taxable	Tax
SGST	6%	11399.12	683.95
CGST	6%	11399.12	683.95
Total Invoice Amount			12767.02
Add TCS Pec. 1%			127.67
Invoice Net Amount			12780.00

Estimated TDS amount Under 194Q of IT Act. Rs 0.00		NET TO PAY:	12760.00
RUPEES TWELVE THOUSAND SEVEN HUNDRED EIGHTY ONLY.			
Sales Order Remarks : Auto loaded through PharmConnect			
Declaration : The medical preparations supplied under this invoice do not in any way contravene the provision of section 18 of the Drug & cosmetics Act 1940 Invoice if not paid / Retired on or before the due date will attract interest @ 15% P.A.			
CIN No. : U51903MH2019PLC322776	GSTIN No. : 07ABCS7694H1ZV	FSSAI No. : 13319010000983	Drug Lic. No. 1 : DL-TGB-128409 20/06/19
State Code: DL	Division : PAN : ABCS7694H	Drug Lic. No. 2 : DL-TGB-128410 20/06/19	
State: Delhi	While taking delivery from the carrier, please check weight and number with I.Rs. Claims for loss should be submitted to Carriers. Subject to Mumbai Jurisdiction		
Regd. Off: SUN HOUSE, CST NO. 201 B/1, WESTERN EXPRESS HIGHWAY, GOREGAON (E), MUMBAI-400063, MAHARASHTRA, INDIA. Tel: 22 4324 4324 Fax: Website			
			For SUN PHARMA DISTRIBUTORS LTD (SPDL)  Authorized Signatory

SUN PHARMA DISTRIBUTORS LTD (SPDL)
 (O&M MEDS/SALES) A-36
 BASEMENT, PHASE-1 OKHLA INDUSTRIAL AREA
 NEW DELHI - 110020
 Tel: 011-41942001, 8447171566



Recipient (Billed to) **RI 9585**
 Customer: JOLLY ENTERPRISES
 Name & Address: B-116, 1ST FLOOR, POCKET B, OKHLA PHASE-1, OKHLA INDUSTRIAL AREA PHASE-1, NEW DELHI, NEW DELHI - 110020
 Tel: 9911022259, 9911022259, 9911022259
 Place: NEW DELHI
 Pin Code: 110020
 State / Code: DELHI 07
 PAN NO.: BDDPP4129A
 Drug Lic. No. 1: DL-OKH-119352
 Drug Lic. No. 2: DL-OKH-119353
 FSSAI No.: 23318008000645
 CIN No.:
 GSTIN/Unique ID: 07BDDPP4129A1ZY
 Buyer PO No.:
 PO Date: 03/11/2022

Consignee (Shipped to / Delivery Address) **RI 9585**
 Customer: JOLLY ENTERPRISES
 Name & Address: B-116, 1ST FLOOR, POCKET B, OKHLA PHASE-1, OKHLA INDUSTRIAL AREA PHASE-1, NEW DELHI, NEW DELHI - 110020
 Tel: 9911022259, 9911022259, 9911022259
 Supply Type: Outward
 State / Code: DELHI 07
 PAN NO.: BDDPP4129A
 Drug Lic. No. 1: DL-OKH-119352
 Drug Lic. No. 2: DL-OKH-119353
 FSSAI No.: 23318008000645
 CIN No.:
 GSTIN/Unique ID: 07BDDPP4129A1ZY

TAX INVOICE
 Tax Invoice No.: DL21B4124055
 Date of Invoice: 11/03/22
 Time of Supply: Place of Supply: DELHI
 Tax Payable On Reverse Charge (Y/N): N
 E-Way Bill No.:
 Weight (Kgs) of Consignment: 7.358
 Mode of Despatch: By Road
 Name of Courier:
 Inco Terms: Total No of Boxes/Shipper: 4
 AWB No.: AWB Date: 11/03/22
 Vehicle No.:
 She Ref No.: B41IM22439 -F
 IR Ref No.: 46094207262842700ec9e04e9595628865318a833392099
 20b8f2cc5bfa8208
 Category:
 Transaction Type:
 Transaction Mode:

HSN Code	CGST Rate	SGST Rate	Taxable Value
300420	6.00	6.00	4474.26
300490	6.00	6.00	6924.86
			11399.12

Total Invoice Amount	12767.02
Add TCS Pec. 1 %	12.77
Invoice Net Amount	12780.00

- 1) For making payment using Unified payment interface UPI ID is SunPharmaDistributors@citibank
- 2) Rupay debit card facility available at HO
- 3) UPI QR Code



Estimated TDS amount Under 194Q of IT Act. Rs 0.00

RUPES TWELVE THOUSAND SEVEN HUNDRED EIGHTY ONLY.

Sales Order Remarks: Auto loaded through PharmConnect

Declaration: The medical preparations supplied under this invoice do not in any way contravene the provision of section 15 of the Drug & cosmetics Act 1940
 Invoice if not paid / Retired on or before the due date will attract interest @ 15% P A

CIN No.: U51909MH2019PLC322778
 State Code: DL
 State: DELHI

Division: ABBCS7694H
 PAN: ABBCS7694H

While taking delivery from the carrier, please check weight and number with LRS Claims for loss should be submitted to Carrier. Subject to Mumbai Jurisdiction

Page: Off. SUN HOUSE, CST NO. 201 B/1, WESTERN EXPRESS HIGHWAY, GOREGAON (E), MUMBAI-400063, MAHARASHTRA INDIA. Tel: 22 4324 4324 Fax: Website:

NET TO PAY: 12780.00

For SUN PHARMA DISTRIBUTORS LTD (SPDL)
 Authorised Signatory