

Bill No : 21508
Date / Time : 11-12-2023
Patient Name : Sumitha
Contact No : +91
Doctor Name : Madavan
Customer Name :
Customer GSTIN :



ASWAS COMMUNITY PHARMACY
AFF.PHARMACIST~S WELFARE SOCIETY
REG.NO.T3036.07
AP10.493 NEAR PUBLIC
MARKET,ALUMOODU,KANIYAPURAM

Branch : ALUMOODU
Tel No : 9061097470
DL No : KL-TVM 133127
DL No : KL-TVM 133128
GSTIN : 32ABLFA5112D1Z3
Division : ALUMOODU

SL NO	HSN CODE	PRODUCT NAME	MFR	BATCH	EXP DT	QTY	MRP	DISC %	RATE	GST %	AMOUNT
1	45784125	AMITRAL 10 TAB	GLIT	02	04/26	10	2.39	15	2.03	12	20.27
2	45784125	Folitrax Tab. 7.5mg	IPCA	AT-240723	06/26	2	14.85	15	12.62	5	25.24
3	45784125	HCQS Tab. 200mg	IPCA	GPD083009BH	04/27	10	7.11	15	6.05	12	60.45
4	45784125	Naprosyn 500 Plus	RPG	25N23097	07/26	10	8.69	15	7.38	12	73.83
5	45784125	ONE RUB GEL 30 GM	INTE	1148	07/25	1	72.00	10	64.80	12	64.80
6	45784125	Predmet Tab. 4mg	SUN	SID3306A	10/25	10	5.40	15	4.59	12	45.90

FSSAI NO : 9022119922 TOTAL 43 337.51

Taxable Amount :261.00 SGST : 15.00 CGST : 15.00 IGST : 0.00 Non Taxable Amount : 0.00

Two Hundreds Ninety **Grand Total 290.49**

You have saved : Rs 47.02

Note

1. Reverse tax mechanism on items are not applicable. Exchange within 7 days from the date of purchase original bill mandatory for exchange of products

Items requiring cold storage will not be returned or exchanged

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For Pharmacist