

CITY MEDICAL

DSAKFJL J;; LDSK ;LKJ; DS ;LK

DFADSADF DFSAD DF

FGFGFG

Phone : 968+66898

GST NO. : 07CTKJHFKJF D.L NO. : DSFSD7584375698435

Patient Name :

Patient Address :

Invoice No. : A000001 Date: 31-03-202

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GST INVOICE

DR. Name :

DR. Address :

S.NO	PRODUCT NAME	UNIT	HSN	BATCH	EXPIRY	MRP.	QTY.	AMOUNT
1.	01 AY IGF 20GM	CASE	30	DSSFSD	5/28	99.00	5	495.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.
All disputes subject to HAZARIBAG Jurisdiction only.
Prescribed Sales Tax declaration will be given.

Rs. Four Hundred Ninety Five Only

For CITY MEDICAL

Authorised Signatory

SUB TOTAL : 495.00

DISCOUNT : 0.00

GRAND TOTAL: 495.00