GST TAX INVOICE

JANAI MEDICALS

ROOM NO. 1, 2ND FLOOR, C/O. JAIN HOSPITAL & DIAGNOSTICS,
JALNAGAR WARD, BEHIND SAPNA TALKIES, CHANDRAPUR

GST No. -
DL No. - 20-639574, 21-639575
PH. No. - 7057658123
Email -

Patient Name	KALPNA KUCHANKAR	**Invoice No.**	AM/C445/26/34
Dr. Name	NA	**Inv. Date**	04-07-2026
Patient No.	7499490436	**Pat. Address**	CHANDRAPUR
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
ETORIGHT - TH TAB - LIF	3004	GT16866E	10/26	5.00	1 x 10	196.88	88.60

Total No. of Products :- 1

Amt. In Words : EIGHTY-EIGHT RUPEES AND SIX PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	93.75
DISCOUNT	9.84
TAX	4.69
NET AMT.	**89.00**

Terms & Conditions

1. Medicine return shall be done within 7 days of purchase.
2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.
3. No return/Exchange will be processed without presenting the original bill.

Authorized Signatory
DR. SUSHIL DATTATRAY BHOGAWAR