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	ARCHANA SONULE	**Invoice No.**	AM/C445/26/39
Dr. Name	NA	**Inv. Date**	04-07-2026
Patient No.	7666962327	**Pat. Address**	undefined
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
ETORILIEF TAB.	30049099	GT34964I	05/28	10.00	1 x 10	258.00	232.20

Total No. of Products :- 1

Amt. In Words : TWO HUNDRED AND THIRTY-TWO RUPEES AND TWO PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	245.71
DISCOUNT	25.80
TAX	12.29
NET AMT.	**232.00**

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