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	VAIBHAV WANDHRE	**Invoice No.**	AM/C445/26/70
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	8080609676	**Pat. Address**	CHANDRAPUR
Payment Mode	**UPI**	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
NEPROXDOM-500 TAB		YT-250457 A	07/27	10.00	1 x 10	149.00	134.10
VONOHENZ 20		LHB2512143	11/27	5.00	1 x 10	178.12	80.15
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	20.00	1 x 10	166.19	299.14
DIVALPRID-OD 500 TAB		DVPM249	09/27	20.00	1 x 10	240.90	433.62

Total No. of Products :- 4

Amt. In Words : **NINE HUNDRED AND FORTY-SEVEN RUPEES AND ZERO ONE PAISE ONLY**
Credit Bal. : 0.00
Payment Mode : **UPI**

GROSS	1,002.13
DISCOUNT	105.23
TAX	50.11
NET AMT.	**947.00**

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