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	REKHABAI WAGHMARE	**Invoice No.**	AM/C445/26/78
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	8788065508	**Pat. Address**	SATRI
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
ETORIGHT - TH TAB - LIF	3004	CBT26-0294	01/28	10.00	1 x 10	196.88	177.19
RABEMAC DSR		18260571B	11/28	5.00	1 x 15	246.14	73.84
GABAPIN NT 100 - INT		N2600956	02/28	15.00	1 x 15	218.30	196.47
WALKACAL MAX CAP - LIF		NSC-577	11/27	15.00	1 x 10	171.50	231.53

Total No. of Products :- 4

Amt. In Words : SIX HUNDRED AND SEVENTY-NINE RUPEES AND ZERO THREE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	718.54
DISCOUNT	75.45
TAX	35.94
NET AMT.	**679.00**

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