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	KRISHANA CHAUDHRI	**Invoice No.**	AM/C445/26/77
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	9011741379	**Pat. Address**	WANI
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
RABISOL DSR C AP.		SC260052	04/28	30.00	1 x 10	105.00	283.50

Total No. of Products :- 1

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

GROSS	300.00
DISCOUNT	31.50
TAX	15.00
NET AMT.	**284.00**

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