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	INDIRA DANAV	**Invoice No.**	AM/C445/26/40
Dr. Name	NA	**Inv. Date**	04-07-2026
Patient No.	9604081656	**Pat. Address**	
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
GABAPIN NT 100 TAB		N2600579	01/29	10.00	1 x 10	515.63	515.63
EVPOL CAP		ECPC2601 A	12/27	10.00	1 x 10	180.00	180.00
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	10.00	1 x 10	166.19	166.19

Total No. of Products :- 3

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

GROSS	820.79
DISCOUNT	0.00
TAX	41.03
NET AMT.	**862.00**

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