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	SHAMA AAMANE	**Invoice No.**	AM/C445/26/69
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	9673442022	**Pat. Address**	VITHALGAON
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
DUXEBAD 20 TAB - MAN	3004	TOFZZ001	02/28	30.00	1 x 10	106.60	287.82
MAXDULIN 75/20 CAP		PGD0005	12/27	30.00	1 x 10	236.25	637.88
EVPOL CAP		ECPC2601A	12/27	30.00	1 x 10	180.00	486.00
DIAZOFLEX MR GEL - STR	3004	936	01/28	1.00	1 x 1	199.00	179.10

Total No. of Products :- 4

Amt. In Words : ONE THOUSAND, FIVE HUNDRED AND NINETY RUPEES AND EIGHT PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	1,683.38
DISCOUNT	176.76
TAX	84.17
NET AMT.	**1,591.00**

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