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	CHITRA SHENDE	**Invoice No.**	AM/C445/26/38
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	04-07-2026
Patient No.	9673839291	**Pat. Address**	WARORA
Payment Mode	UPI	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
ETORIGHT - TH TAB - LIF	3004	GT16866E	10/26	10.00	1 x 10	196.88	177.19
VONOHENZ 20		LHB2512143	11/27	5.00	1 x 10	178.12	80.15
GABAGESIC-NT 200		ADM10AAA	10/27	15.00	1 x 10	180.05	243.07
BENFOSCALE D TAB - SCA		T-2604076	09/27	15.00	1 x 10	270.00	364.50

Total No. of Products :- 4

Amt. In Words : EIGHT HUNDRED AND SIXTY-FOUR RUPEES AND NINE ONE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	915.24
DISCOUNT	96.11
TAX	45.77
NET AMT.	**865.00**

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