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	KALPANA POTE	**Invoice No.**	AM/C445/26/73
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	9689644891	**Pat. Address**	WARORA
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	20.00	1 x 10	166.19	299.14
GABAGESIC-NT 200		ADM10AAA	10/27	20.00	1 x 10	180.05	324.09

Total No. of Products :- 2

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

GROSS	659.50
DISCOUNT	69.25
TAX	32.98
NET AMT.	**623.00**

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