

|                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                               |             |                     |                 |                                                                                                                                   |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|--|
|                                                                                                                                                                                                                                                             |                 | <b>GST TAX INVOICE</b><br><b>KRUSHNA MEDICAL AND GENERAL STORES</b><br>SHOP NO.06,GROUND FLOOR,GAURAV NIWAS, APARTMENT,PLOT NO.2,KAMGAR NAGAR ROAD, ANANDWALLI SHIWAR, NASHIK |             |                     |                 | <b>GST No. -</b><br><b>DL No. -</b> 20-565856, 21-565857<br><b>PH. No. -</b> 7350507948<br><b>Email -</b> nileshdesle73@gmail.com |            |  |
| <b>Patient Name</b>                                                                                                                                                                                                                                         | VIJENDRA DEORE  |                                                                                                                                                                               |             | <b>Invoice No.</b>  | AM/C431/26/62   |                                                                                                                                   |            |  |
| <b>Dr. Name</b>                                                                                                                                                                                                                                             | dr.tushar patil |                                                                                                                                                                               |             | <b>Inv. Date</b>    | 04-04-2026      |                                                                                                                                   |            |  |
| <b>Patient No.</b>                                                                                                                                                                                                                                          |                 |                                                                                                                                                                               |             | <b>Pat. Address</b> | kamgar nagar    |                                                                                                                                   |            |  |
| <b>Payment Mode</b>                                                                                                                                                                                                                                         | Cash            |                                                                                                                                                                               |             | <b>Salesman</b>     |                 |                                                                                                                                   |            |  |
| <b>Product</b>                                                                                                                                                                                                                                              | <b>HSN</b>      | <b>B.No</b>                                                                                                                                                                   | <b>Exp.</b> | <b>Qty</b>          | <b>Pack</b>     | <b>MRP</b>                                                                                                                        | <b>Net</b> |  |
| ZIFI 200MG - FDC                                                                                                                                                                                                                                            |                 | 0126A040                                                                                                                                                                      | 06/27       | 6.00                | 1 x 10          | 104.46                                                                                                                            | 62.68      |  |
| PANTOSEC 40 - Cip                                                                                                                                                                                                                                           |                 | PNS250925                                                                                                                                                                     | 08/27       | 6.00                | 1 x 10          | 148.04                                                                                                                            | 88.82      |  |
| KOFLINCTUS + SYP - Alk                                                                                                                                                                                                                                      | 30049082        | KP2601ED                                                                                                                                                                      | 12/27       | 1.00                | 100 ML          | 128.40                                                                                                                            | 128.40     |  |
| 1 AL M TABS                                                                                                                                                                                                                                                 |                 | 525G001                                                                                                                                                                       | 06/27       | 3.00                | 1 x 10          | 113.44                                                                                                                            | 34.03      |  |
| <b>Total No. of Products :- 4</b>                                                                                                                                                                                                                           |                 |                                                                                                                                                                               |             |                     |                 |                                                                                                                                   |            |  |
| <b>Amt. In Words :</b> THREE HUNDRED AND THIRTEEN RUPEES AND NINE THREE PAISE ONLY<br><b>Credit Bal. :</b> 0.00<br><b>Payment Mode :</b> Cash                                                                                                               |                 |                                                                                                                                                                               |             |                     | <b>GROSS</b>    |                                                                                                                                   | 298.98     |  |
|                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                               |             |                     | <b>DISCOUNT</b> |                                                                                                                                   | 0.00       |  |
|                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                               |             |                     | <b>TAX</b>      |                                                                                                                                   | 14.94      |  |
|                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                               |             |                     | <b>NET AMT.</b> |                                                                                                                                   | 314.00     |  |
| <b>Terms &amp; Conditions</b><br><br>1. Medicine return shall be done within 7 days of purchase.<br>2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.<br>3. No return/Exchange will be processed without presenting the original bill. |                 |                                                                                                                                                                               |             |                     |                 | <b>Authorized Signatory</b>                                                                                                       |            |  |