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	VIVEK KHOBRAGADE	**Invoice No.**	AM/C445/26/87033
Dr. Name	NA	**Inv. Date**	15-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	**UPI**	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
MYMI PFS		MCNB005	12/27	4	1 x 1	140.62	506.23

Total No. of Products :- 1

Amt. In Words : **FIVE HUNDRED AND SIX RUPEES AND TWO THREE PAISE ONLY**
Credit Bal. : 0.00
Payment Mode : **UPI**

GROSS	562.48
DISCOUNT	56.25
TAX	0.00
NET AMT.	**506.00**

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