# MAPLE PHARMACY & RETAIL SHOP

SHOP NO.XXXX,SAMPLE RESIDENCY,PLOT NO.GH-07B,

SEC-TECHZONE-2 GAUTAM BUDDHA VIHAR(U.P)

Phone : 790636XXXX,965022XXXX
E-Mail : samplepharmacy@gmail.com

**Patient Name : Deepak Gupta**

Patient Address :
Patient Mob. : 70655XXXXX
Dr. Name :

GSTIN : 09CEEPXXXXXXXZA
D.L.No. : UP1620000XXXX/UP1621000XXXX

## GST INVOICE

Invoice No.: A002515 Date: 08-01-2024
TIME : 19:59

| SN | PRODUCT NAME | PACK | BATCH | HSN | EXP. | QTY | MRP | SGST | CGST | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | D-Cold-20 TAB | 1S | B110 | | | 1 | 110.00 | 0.00 | 0.00 | 110.00 |

GST 110*0%=0SGST, ** GET WELL SOON **

**Terms & Conditions**

Goods once sold will not be taken back or exchanged. Bills not paid due date will attract 24% interest.
All disputes subject to Jurisdication only.
Prescribed Sales Tax declaration will be given.

For MAPLE PHARMACY & RETAIL SHOP

**Remark :Please share screen shot after payment & same day payment**

Authorised Signatory

Rs. One Hundred Ten Only

| | |
|---|---|
| **SUB TOTAL** | **110.00** |
| **DISCOUNT** | **0.00** |

**PAYTM QR CODE**

GRAND TOTAL 110.00