

Tax Invoice

NALAM HOSPITAL SUPPLIER

No.67 First Cross Street,
Subburayalu Nagar, Thirupapullyur, Cuddalore
D.L. NO: TRS/1862/20B
D.L. NO: TRS/1720/21B
CELL: 8111046333 / 9965939273
GSTIN/UIN: 33AADF99635L1ZM
State Name: Tamil Nadu, Code: 33
Contact: 04142-236273/8111046333, 9965939273
E-Mail: nalamhospitalasuppliers@gmail.com

Buyer

SRI VIRUDHAI MEDICAL CENTRE (VIRUTHAI)
103/49, THEN KOTAIVITHI
VIRUTHACHALAM 606 001
CELL: 9344865129
State Name : Tamil Nadu, Code : 33

Invoice No.	Dated
NHS/4547/21-22	11-Oct-2021
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No.	Dated
Despatch Document No.	Delivery Note Date
Despatched through	Destination
Terms of Delivery	

Sl No	Description of Goods	GST Rate	MRP/Marginal	Quantity	Rate	per	Dec. %	Amount
1	FRIDGE THERMOMETER	18 %	280.00/NOS	2 NOS	200.00	NOS		400.00
	OUTPUT CGST 9%					9 %		36.00
	OUTPUT SGST 9%					9 %		36.00
	Total			2 NOS				₹ 472.00

Amount Chargeable (in words)
INR Four Hundred Seventy Two Only

E & O E

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details

Bank Name : **CITY UNION BANK LTD,**
A/c No. : **510909010085531**
Branch & IFS Code : **MANJAKUPPAM & CIUB0000039**

Customer's Seal and Signature

for NALAM HOSPITAL SUPPLIER

This is a Computer Generated Invoice

Authorized Signatory