

Invoice

SHAMAR PHARMACEUTICALS PRIVATE LIMITED

NO.2875, SHOP NO.1 FROM SOUTH EAST FACING, GROUND FLOOR LIG 2, TONAKELA CAMP ROAD TNHB, AYYAPAKKAM, CHENNAI TAMIL NADU (33) INDIA 600077

GST IN : 33ABMCS1392P1ZP / PAN : ABMCS1392P

D.L.No: TN / TVR / 20B / 00836 / TN / TVR / 21B / 00836

Bill To:

Billing Name: R SAI ARAVIND
GST IN: 33EJEP A0993R1ZU
Mobile Number: +91 9840841840
Billing Address: 2/14 KAVERI NAGAR KOLADI ROAD THIRUVERKADU CHENNAI - 77.

Invoice No : SHA1719737654067
Date : Sunday, Jun 30, 2024
Dispatched Through : SELF
Payment Due : NA

S.No	Product Name	HSN	Batch	EXP Date	Units	Free	M.R.P	Unit Price	GST%	PTS	PTR	Rate	Total
1	DICLOFINITY- HOT GEL	30049099	24C20A	01/02/2026	1.00	0.00	111.00	79.31	12.00%	28.52	31.69	79.31	88.83
2					1.00	0.00	NaN	NaN	NaN%	NaN	NaN	NaN	NaN
					GST %	Taxable Value	TAX	Sub Total	Discount	Total			
					12.00	NaN	NaN	NaN	0.00	NaN			

Total Amount (In Amount)
Fifty Thousand Twenty-Two Rupees Only

For SHAMAR PHARMACEUTICALS

Authorized Signatory

Bank Details

Bank Name : KOTAK MAHINDRA BANK
Acc name : SHAMAR PHARMACEUTICALS PRIVATE LIMITED
Acc Number : 9749273690
IFSC Code : KKBK0008518
Branch : AMBATTUR