

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: CHENNAI MEDICALS
GST IN: 33AQRPK2538C1ZZ
D.L.No: NA
Mobile Number: +91 9176123993
Billing Address: NO-16, CHOLAMBEDU MAIN ROAD, INDRA NAGAR, THIRUMULLAIVOYAL, CHENNAI -53.

Invoice No : SHA1746430138497
Date : Monday, May 5, 2025
Dispatched Through :
Payment Due : 2025-06-04

S.No	Product Name	HSN	Batch	EXP Date	Units	Free	M.R.P	Unit Price	Discount	GST%	Rate	Total
1	FUROMIN- CV 250MG	30042019	CT1823002A	5/25	1.00	0.00	576.00	411.43	0.00	12 %	411.43	460.80
2	shafenac SP	30049061	GT14202B	6/26	1.00	0.00	95.00	67.86	0.00	12 %	67.86	76.00
					GST %	Discount	Taxable Value		TAX		Total	
					12.00	0.00	479.29		57.51		536.80	

Total Amount (In Words)
five hundred thirty-six Only /-

For SHAMAR PHARMACEUTICALS


Authorized Signatory

Bank Details

Bank Name : KARUR VYSYA BANK
Acc name : SHAMAR PHARMACEUTICALS PRIVATE LIMITED
Acc Number : 1942018000000015
IFSC Code : KVB0001942
Branch : AMBATTUR