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	MR. SHRINIVAS B. H.	**Invoice No.**	AM/C445/26/30
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	04-07-2026
Patient No.	7064410955	**Pat. Address**	BALLARSHA
Payment Mode	UPI	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
NEPROXDOM-500 TAB		YT-250457 A	07/27	6.00	1 x 10	149.00	80.46
VONOHENZ 20		LHB2512143	11/27	6.00	1 x 10	178.12	96.18
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	7.00	1 x 10	166.19	104.70
TRYPTOMER 10 MG TAB - DR		D2600134	03/28	7.00	1 x 30	76.88	16.14

Total No. of Products :- 4

Amt. In Words : TWO HUNDRED AND NINETY-SEVEN RUPEES AND FOUR EIGHT PAISE ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	314.79
DISCOUNT	33.05
TAX	15.74
NET AMT.	**297.00**

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