NARAYANI PHARMA
MI NO 784 GAT NO 1229 ROOM NO 1 Ground Floor
Shirala Kokrud Road A/p BIUR,Shirala, Sangli
Phone : 7385984074
Email : narayani@gmail.com
GSTIN :
DL No. : 20B-592250, 21B-592251

GST TAX INVOICE

Bill No. : BN/26-27/064
Bill Date : 06-07-2026
Salesman : Priyanka Vaibhav Patil
Outstanding : 120,314.26
Payment Mode : Credit
CREDIT MEMO

TO,
MORANA HOSPITAL
OPP. COURT, MAIN ROAD, SHIRALA, DIST.SANGLI.
PIN-415408
Phone : 7738443292
GSTIN :
DL No. : 2011/09/3106

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Gross	Disc	GST	Net
MEDCEF TZ 1125MG INJ - VAD	30042019	C25L-12B	08/27	25.00	1 x 1	333.00	1,550.00	0.00	5.00	1,627.50
POLYMED IV SET - POL		4008226A	12/30	25.00	1 x 1	186.00	309.00	0.00	5.00	324.45
NS 100ML(FP) - CAR	30045020	F26E1037	12/28	100.00	1 x 1	21.00	1,218.00	0.00	5.00	1,278.90

Total No. of Products :- 3

Amt. In Words: ONLY

Tax %	IGST	CGST	SGST
0.00	0.00	0.00	0.00
5.00	0.00	76.93	76.93
18.00	0.00	0.00	0.00
40.00	0.00	0.00	0.00
Total	**0.00**	**76.93**	**76.93**

GROSS	3,077.00
DISCOUNT	0.00
TAX	153.85
NET AMT.	**3,231.00**

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
Priyanka Vaibhav Patil