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	SANDHYA TONGE	**Invoice No.**	AM/C445/26/65
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	8108960304	**Pat. Address**	BHADRAWATI
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
GABAPIN NT 100 - INT		N2600956	02/28	15.00	1 x 15	218.30	218.30
EVPOL CAP		ECPC2601 A	12/27	30.00	1 x 10	180.00	540.00

Total No. of Products :- 2

Amt. In Words : SEVEN HUNDRED AND FIFTY-EIGHT RUPEES AND THREE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	722.19
DISCOUNT	0.00
TAX	36.11
NET AMT.	**758.00**

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