GST TAX INVOICE

TASKAR ENTERPRISES

SHOP NO.1 & 2,GROUND FLOOR,KUDALE PATIL HERITAGE, H NO.6/16, PROP ID.O/C/22/00679034 /35, SAI CHOWK,VADGAON BUDRUK, PUNE

GST No. -

DL No. - 20-629656, 21-629657

PH. No. - 9657915566

Email - karandegaonkar1998@gmail.com

Patient Name	akshada kolekar	**Invoice No.**	AM/C413/26/1015
Dr. Name	NA	**Inv. Date**	04-07-2026
Patient No.	8381002681	**Pat. Address**	pune
Payment Mode	**UPI**	**Salesman**	KARAN SHASHIKANT DEGAONKAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
RIGIN PLUS SAC LEMON - PHA	30049099	RPSM25005	10/27	3.00	1 x 1	62.81	169.59

Total No. of Products :- 1

Amt. In Words : **ONE HUNDRED AND SIXTY-NINE RUPEES AND FIVE NINE PAISE ONLY**
Credit Bal. : 0.00
Payment Mode : **UPI**

GROSS	179.46
DISCOUNT	18.84
TAX	8.97
NET AMT.	**170.00**

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
KARAN SHASHIKANT DEGAONKAR