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	RAMDAS PUNYAPREDDIWAR	**Invoice No.**	AM/C445/26/68
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	8468980340	**Pat. Address**	undefined
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
NS 100 ML		IN2457025	06/28	4.00	110 ML	21.01	75.64
FACE MASK DISPO GUARD - SOL	2589	G26C036010	02/31	2.00	1 x 1	10.00	18.00
DISPO 10 ML		616106JE1	03/31	3.00	10 ML	13.30	35.91
GLUCI INJ - NEO		KP1169953	02/28	3.00	1 x 1	94.30	254.61
DISPO VEN 5 ML - Ind		626054SR2	05/31	3.00	1 x 1	11.25	30.38
CLAMIN 600MG INJ	2229	1355060	03/27	2.00	1 x 1	258.90	466.02

Total No. of Products :- 6

Amt. In Words : EIGHT HUNDRED AND EIGHTY RUPEES AND FIVE SIX PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	931.80
DISCOUNT	97.84
TAX	46.59
NET AMT.	**881.00**

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