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	JOTY KATTKAR	**Invoice No.**	AM/C445/26/37
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	04-07-2026
Patient No.	8551868122	**Pat. Address**	CHANDRAPUR
Payment Mode	UPI	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	15.00	1 x 10	166.19	224.36
RABISOL DSR C AP.		SC260052	04/28	5.00	1 x 10	105.00	47.25
GABAGESIC-NT 200		ADM10AAA	10/27	15.00	1 x 10	180.05	243.07
ETORILIEF TAB.	30049099	GT34964I	05/28	10.00	10 x 10	258.00	2,322.00

Total No. of Products :- 4

Amt. In Words : TWO THOUSAND, EIGHT HUNDRED AND THIRTY-SIX RUPEES AND SIX EIGHT PAISE ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	3,001.76
DISCOUNT	315.19
TAX	150.09
NET AMT.	**2,837.00**

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