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	SHILA BOBADE	**Invoice No.**	AM/C445/26/71
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	9011500631	**Pat. Address**	GHUGHUS
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
ZEVERT OD TAB		N2402836	09/26	5.00	1 x 10	331.88	165.94
BENFOSCALE D TAB - SCA		T-2604076	09/27	5.00	1 x 10	270.00	135.00
L-CARMAG TABLET		AOT-7289	05/27	5.00	1 x 10	200.00	100.00

Total No. of Products :- 3

Amt. In Words : FOUR HUNDRED RUPEES AND NINE FOUR PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	381.85
DISCOUNT	0.00
TAX	19.09
NET AMT.	**401.00**

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