

		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	PRANALI MATTE			Invoice No.	AM/C445/26/66			
Dr. Name	DR SUSHIL BHOGAWAR			Inv. Date	06-07-2026			
Patient No.	9307801044			Pat. Address	WANI			
Payment Mode	UPI			Salesman	DR. SUSHIL DATTATRAY BHOGAWAR			
Product		HSN	B.No	Exp.	Qty	Pack	MRP	Net
ETORIGHT - TH TAB - LIF		3004	CBT26-029 4	01/28	10.00	1 x 10	196.88	177.19
VONOHENZ 20			LHB251214 3	11/27	5.00	1 x 10	178.12	80.15
PROVANIX-F-10 TAB - SAN			PVXT25002	11/27	10.00	1 x 10	166.19	149.57
GABAGESIC-NT 200			ADM10AAA	10/27	10.00	1 x 10	180.05	162.04
DIVALPRID-OD 500 TAB			DVPM249	09/27	10.00	1 x 10	240.90	216.81
Total No. of Products :- 5								
Amt. In Words : SEVEN HUNDRED AND EIGHTY-FIVE RUPEES AND SEVEN SIX PAISE ONLY Credit Bal. : 0.00 Payment Mode : UPI						GROSS	831.51	
						DISCOUNT	87.31	
						TAX	41.57	
						NET AMT.	786.00	
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		