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	SAHIL YARDI	**Invoice No.**	AM/C445/26/74
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	06-07-2026
Patient No.	976530636	**Pat. Address**	GHUGUS
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	20.00	1 x 10	166.19	299.14
TRYPTOMER 10 MG TAB - DR		D2600134	03/28	20.00	1 x 30	76.88	46.13
NEPROXDOM-500 TAB		YT-250457 A	07/27	5.00	1 x 10	149.00	67.05
RABEMAC DSR		18260571B	11/28	10.00	1 x 15	246.14	147.68

Total No. of Products :- 4

Amt. In Words : FIVE HUNDRED AND SIXTY RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : UPI

GROSS	592.59
DISCOUNT	62.23
TAX	29.63
NET AMT.	**560.00**

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