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	ANIL KUCHANKAR	**Invoice No.**	AM/C445/26/48
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	05-07-2026
Patient No.	9823594664	**Pat. Address**	MOHADA (YAVATMAL)
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
LIZOMAC TAB - MAC		18254862A	11/29	16.00	1 x 10	381.01	548.65
VONOHENZ 20		LHB2512143	11/27	8.00	1 x 10	178.12	128.25
ZERODOL TAB - IPC		CSW1026001	01/28	16.00	1 x 10	67.22	96.80
LEVEPSY 500 TAB - CIP		6SN0418	01/28	16.00	1 x 1	180.27	2,595.89
CITIBRIA-P TABLET		PPGT-25336	11/27	8.00	1 x 10	656.00	472.32

Total No. of Products :- 5

Amt. In Words : THREE THOUSAND, EIGHT HUNDRED AND FORTY-ONE RUPEES AND NINE ONE PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	4,065.51
DISCOUNT	426.88
TAX	203.28
NET AMT.	**3,842.00**

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