GST TAX INVOICE

SHOBHIT PHARMACY

SHOP NO. 1, BALL0008309, GROUND FLOOR DATTA MANDIR ROAD, BALAJI WARD, BALLARPUR, CHANDRAPUR

GST No. -
DL No. - 20-636085, 21-636086
PH. No. - 9511736332
Email - shobhitpharmacy@gmail.com

Patient Name	VITHAL MOHURLE	**Invoice No.**	AM/C428/26/403
Dr. Name	NA	**Inv. Date**	15-07-2026
Patient No.	undefined	**Pat. Address**	undefined
Payment Mode	**UPI**	**Salesman**	

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
NS SACHIN PARENTAL		NITC46	12/28	5	1 x 1	37.26	186.30
J:FLATCAP NS 100ML IV IP	30049099	FN6030005	02/28	3		21.02	63.06
METRO 100ML		2342670C	02/29	3		22.05	66.15
PANTOP 40 INJ		MPB260635	01/28	1	1 VIAL	53.88	53.88

Total No. of Products :- 4

Amt. In Words : **THREE HUNDRED AND SIXTY-NINE RUPEES ONLY**
Credit Bal. : 0.00
Payment Mode : **UPI**

GROSS	351.80
DISCOUNT	0.00
TAX	17.59
NET AMT.	**369.00**

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