

|                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                               |             |                     |                 |                                                                                                                                   |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|--|
|                                                                                                                                                                                                                                                             |                  | <b>GST TAX INVOICE</b><br><b>KRUSHNA MEDICAL AND GENERAL STORES</b><br>SHOP NO.06,GROUND FLOOR,GAURAV NIWAS, APARTMENT,PLOT NO.2,KAMGAR NAGAR ROAD, ANANDWALLI SHIWAR, NASHIK |             |                     |                 | <b>GST No. -</b><br><b>DL No. -</b> 20-565856, 21-565857<br><b>PH. No. -</b> 7350507948<br><b>Email -</b> nileshdesle73@gmail.com |            |  |
| <b>Patient Name</b>                                                                                                                                                                                                                                         | NICHIT           |                                                                                                                                                                               |             | <b>Invoice No.</b>  | AM/C431/26/68   |                                                                                                                                   |            |  |
| <b>Dr. Name</b>                                                                                                                                                                                                                                             | dr.shivram hiray |                                                                                                                                                                               |             | <b>Inv. Date</b>    | 04-07-2026      |                                                                                                                                   |            |  |
| <b>Patient No.</b>                                                                                                                                                                                                                                          |                  |                                                                                                                                                                               |             | <b>Pat. Address</b> | kamgar nagar    |                                                                                                                                   |            |  |
| <b>Payment Mode</b>                                                                                                                                                                                                                                         | Cash             |                                                                                                                                                                               |             | <b>Salesman</b>     |                 |                                                                                                                                   |            |  |
| <b>Product</b>                                                                                                                                                                                                                                              | <b>HSN</b>       | <b>B.No</b>                                                                                                                                                                   | <b>Exp.</b> | <b>Qty</b>          | <b>Pack</b>     | <b>MRP</b>                                                                                                                        | <b>Net</b> |  |
| FLEXON MR - ARI                                                                                                                                                                                                                                             |                  | DPL251586                                                                                                                                                                     | 10/28       | 1.00                | STRIP           | 29.43                                                                                                                             | 29.43      |  |
| OMEZ PLUS 40 MG CAP - Dr.                                                                                                                                                                                                                                   | 30049034         | EV260084                                                                                                                                                                      | 07/27       | 5.00                | 1 x 20          | 97.50                                                                                                                             | 24.38      |  |
| <b>Total No. of Products :- 2</b>                                                                                                                                                                                                                           |                  |                                                                                                                                                                               |             |                     |                 |                                                                                                                                   |            |  |
| <b>Amt. In Words :</b> FIFTY-THREE RUPEES AND EIGHT ONE PAISE ONLY<br><b>Credit Bal. :</b> 0.00<br><b>Payment Mode :</b> Cash                                                                                                                               |                  |                                                                                                                                                                               |             |                     | <b>GROSS</b>    |                                                                                                                                   | 51.24      |  |
|                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                               |             |                     | <b>DISCOUNT</b> |                                                                                                                                   | 0.00       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                               |             |                     | <b>TAX</b>      |                                                                                                                                   | 2.56       |  |
|                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                               |             |                     | <b>NET AMT.</b> |                                                                                                                                   | 54.00      |  |
| <b>Terms &amp; Conditions</b><br><br>1. Medicine return shall be done within 7 days of purchase.<br>2. Cut strips, Refrigerated, OTC/FMCG shall not be refunded/exchanged.<br>3. No return/Exchange will be processed without presenting the original bill. |                  |                                                                                                                                                                               |             |                     |                 | <b>Authorized Signatory</b>                                                                                                       |            |  |