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	MRS. DEE[A KHARTAD	**Invoice No.**	AM/C445/26/32
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	04-07-2026
Patient No.		**Pat. Address**	KAGAJNAGAR
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
EVPOL CAP		ECPC2601A	12/27	20.00	1 x 10	180.00	324.00
GABAPIN NT 100 TAB		N2600956	02/28	20.00	1 x 15	218.30	261.96
VONOHENZ 20		LHB2512143	11/27	20.00	1 x 10	178.12	320.62

Total No. of Products :- 3

Amt. In Words : NINE HUNDRED AND SIX RUPEES AND FIVE EIGHT PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	959.35
DISCOUNT	100.73
TAX	47.96
NET AMT.	**907.00**

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