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	KAMAL AHERWAR	**Invoice No.**	AM/C445/26/87045
Dr. Name	DR SUSHIL BHOGAWAR	**Inv. Date**	16-07-2026
Patient No.	4544785010	**Pat. Address**	
Payment Mode	Cash	**Salesman**	DR. SUSHIL DATTATRAY BHOGAWAR

Product	HSN	B.No	Exp.	Qty	Pack	MRP	Net
AVIL AMP		321326013	02/29	1	2 ML	5.86	5.86
CORT-S INJ - NEO	651	BV447011	09/27	1	1 x 1	47.70	47.70
DISPO VEN 5 ML - Ind		626054SR2	05/31	1	1 x 1	11.25	11.25

Total No. of Products :- 3

Amt. In Words : SIXTY-FIVE RUPEES ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	62.26
DISCOUNT	0.00
TAX	2.55
NET AMT.	**65.00**

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