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	RITA KAKADE	**Invoice No.**	AM/C445/26/87047
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
NEPROXDOM-500 TAB		YT-250457A	07/27	6	1 x 10	149.00	80.46
RABISOL DSR C AP.		SC260052	04/28	3	1 x 10	105.00	28.35
PROVANIX-F-10 TAB - SAN		PVXT25002	11/27	10	1 x 10	166.19	149.57
TRYPTOMER 10 MG TAB - DR		D2600134	03/28	10	1 x 30	76.88	23.06

Total No. of Products :- 4

Amt. In Words : TWO HUNDRED AND EIGHTY-ONE RUPEES AND FOUR FOUR PAISE ONLY
Credit Bal. : 0.00
Payment Mode : Cash

GROSS	297.83
DISCOUNT	31.27
TAX	14.89
NET AMT.	**281.00**

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