

Tax Invoice



VISION CARE LAB - (from 12.01.2023 to 31.03.2023)
SHOP 6, KENT GARDEN, FACTORY LANE,
AHEAD OF JAMBU GALLY, BORIVALI WEST, MUMBAI 400092
GSTIN/UIN: 27AFPPD4521D1ZR
State Name : Maharashtra, Code : 27
Contact : 9619772555, 7738642555
E-Mail : visioncarelab@yahoo.co.in

Invoice No.

D/05/034

Dated

3-May-23

Delivery Note

Reference No. & Date.

Other References

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Consignee (Ship to)

VYAWAHARE NETRALAYA- AMRAVATI

V.M.V ROAD RATHI NAGAR

AMRAVATI -444603

0721-2664880

State Name : Maharashtra, Code : 27

Buyer (Bill to)

VYAWAHARE NETRALAYA- AMRAVATI

V.M.V ROAD RATHI NAGAR

AMRAVATI -444603

0721-2664880

State Name : Maharashtra, Code : 27

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SCLERAL BANDAGE SOFT CL	90013000	1.0 Pcs	1,650.00	Pcs	1,650.00
	SGST					99.00
	CGST					99.00

18.00mm

Total 1.0 Pcs ₹ 1,848.00

Amount Chargeable (in words)

E. & O.E

INDIAN RUPEES One Thousand Eight Hundred Forty Eight Only

ISN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
90013000	1,650.00	6%	99.00	6%	99.00	198.00
Total	1,650.00		99.00		99.00	198.00

Tax Amount (in words) : INDIAN RUPEES One Hundred Ninety Eight Only

Declaration

1) Goods are company's property until full payment. 2) Company not responsible for breakage/shortage or lost in transit. 3) Goods once sold will neither be returned nor be replaced. 4) Interest @ 24 P.A. for unpaid bills within 7 days from date of presentation / due date. 5) 3% of value of cheque & Rs. 250/- shall be charged for every dishonoured cheque. 6) Interest, penalty & charges of statutory forms not submitted in customer's liability.

for VISION CARE LAB - (from 12.01.2023 to 31.03.2023)

Authorised Signatory

SUBJECT TO MUMBAI JURISDICTION

Tax Invoice



VISION CARE LAB - (from 12.01.2023 to 31.03.2023)
 SHOP 6, KENT GARDEN, FACTORY LANE,
 AHEAD OF JAMBULI GALLY, BORIVALI WEST, MUMBAI 400092
 GSTIN/UIN: 27AFPPD4521D1ZR
 State Name : Maharashtra, Code : 27
 Contact : 9619772555, 7738642555
 E-Mail : visioncarelab@yahoo.co.in

Invoice No.

D/04/271

Dated

18-Apr-23

Delivery Note

Reference No. & Date.

Other References

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Consignee (Ship to)

VYAWAHARE NETRALAYA- AMRAVATI

V.M.V ROAD RATHI NAGAR

AMRAVATI -444603

0721-2664880

State Name : Maharashtra, Code : 27

Buyer (Bill to)

VYAWAHARE NETRALAYA- AMRAVATI

V.M.V ROAD RATHI NAGAR

AMRAVATI -444603

0721-2664880

State Name : Maharashtra, Code : 27

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKN HOLDER / RGP PLUNGER	39231090	2.0 Pcs	375.00	Pcs	750.00
	SGST					67.50
	CGST					67.50
Total			2.0 Pcs			₹ 885.00

Amount Chargeable (in words)

E. & O.E

INDIAN RUPEES Eight Hundred Eighty Five Only

HSN/SAC	Taxable Value	Central Tax	State Tax	Total
39231090	750.00	Rate 9% Amount 67.50	Rate 9% Amount 67.50	Tax Amount 135.00
Total	750.00	67.50	67.50	135.00

Tax Amount (in words) : INDIAN RUPEES One Hundred Thirty Five Only

Remarks:

COUR 50+
 Declaration:
 1) Goods are Company's property until full payment. 2) Company not responsible for breakage/shortage or lost in transit. 3) Goods once sold will neither be returned nor be replaced. 4) Interest @ 24 P.A. for unpaid bills within 2 days from date of presentation / due date. 5) 3% of value of cheque & Rs. 250/- shall be charged for every dishonoured cheque. 6) Interest, penalty & charges of statutory forms not submitted in customer's liability.

for VISION CARE LAB - (from 12.01.2023 to 31.03.2023)

Authorised Signatory

SUBJECT TO MUMBAI JURISDICTION

Tax Invoice



VISION CARE LAB - (from 12.01.2023 to 31.03.2024)
SHOP 6, KENT GARDEN, FACTORY LANE,
AHEAD OF JAMBU GALLY, BORIVALI WEST, MUMBAI-400092
GSTIN/UIN: 27AFPPD4521D1Z
State Name : Maharashtra, Code : 27
Contact : 9619772555, 7738642555
E-Mail : visioncarelab@yahoo.co.in

Invoice No.	D/06/127	Dated	10-Jun-23
Delivery Note			
Reference No. & Date.		Other References	
Dispatch Doc No.		Delivery Note Date	
Dispatched through		Destination	

Consignee (Ship to)
VYAWAHARE NETRALAYA- AMRAVATI
V.M.V ROAD RATHI NAGAR
AMRAVATI -444603
0721-2664880
State Name : Maharashtra, Code : 27

Buyer (Bill to)
VYAWAHARE NETRALAYA- AMRAVATI
V.M.V ROAD RATHI NAGAR
AMRAVATI -444603
0721-2664880
State Name : Maharashtra, Code : 27

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	O2 Cross Comp Toric	90013000	2.0 Pcs	1,275.00	Pcs	2,550.00
2	Complete Kit	39231090	1.0 Pcs	0.84	Pcs	0.84
						2,550.84
						SGST 153.08
						CGST 153.08

885
1848
2857
5590

by cheque
NO

077223
19/06/23

Total	3.0 Pcs	₹ 2,857.00
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Amount Chargeable (in words)

E. & O.E

INDIAN RUPEES Two Thousand Eight Hundred Fifty Seven Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
90013000	2,550.00	6%	153.00	6%	153.00	306.00
39231090	0.84	9%	0.08	9%	0.08	0.16
Total	2,550.84		153.08		153.08	306.16

Tax Amount (in words) : **INDIAN RUPEES Three Hundred Six and Sixteen paise Only**

Declaration
1) Goods are company's property until full payment. 2) Company not responsible for breakage/shortage or lost in transit. 3) Goods once sold will neither be returned nor be replaced. 4) Interest @ 24 P.A. for unpaid bills within 7 days from date of presentation / due date. 5) 3% of value of cheque & Rs. 250/- shall be charged for every dishonoured cheque. 6) Interest, penalty & charges of statutory forms not submitted in customer's liability.

for VISION CARE LAB - (from 12.01.2023 to 31.03.2024)

Authorised Signatory

SUBJECT TO MUMBAI JURISDICTION



बैंक ऑफ महाराष्ट्र
Bank of Maharashtra

00639 GADGENAGAR
C/O AVINASH THAKARE HOUSE,
BESIDE MORE HOSPITAL,
RATHI NAGAR, AMRAVATI. 444603
IFSC Code : MAHB0000639

19062023
D D M M Y Y Y Y

SESHAASAI (M) / CTS - 2010

Pay अदा करें

Vision Care Lab

Or Bearer

Rupees रुपये

Five thousand five hundred

या धारक को

ninty Rs only

₹ 5590/-

A/c No.
खाता क्र.

20068500697

VYAWAHARE EYE HOSPITAL HOSPITAL DR PRAVIN PRABHAKAR
VYAWAHARE

Pravina

Authorised Signatory(ies)

हस्ताक्षर/ Signature(s)
Please sign above

⑈077223⑈ 444014639⑈ 000192⑈ 11