

S**Patient Name : ANIKET**

Patient Address :

Dr Name :

Dr Reg No.

Invoice No. : A000001 Date: 17-03-202

GST INVOICE

SN	PRODUCT NAME	PACK	HSN	BATCH	EXP	QTY	MRP	RATE	SGST	CGST	
1.	APPLE					10	0.00	110.00	0.00	0.00	1100.00

GST 1100*0%=0SGST, ** GET WELL SOON **

SUB TOTAL 1100.00**Terms & Conditions**

Goods once sold will not be taken back or exchanged.
 Bills not paid due date will attract 24% interest.
 All disputes subject to Jurisdiction only.
 Prescribed Sales Tax declaration will be given.

For S

Remark :

Authorised Signatory

Rs. One Thousand One Hundred Only

GRAND TOTAL 1100.00