

**Form GST INV - 1****FAIR PHARMA**

#101, SAI SRINIVASA APPARTMENT, ASHOK NAGAR 3rd LANE, LAKSHMIPURAM- 522007. GUNTUR Dist.(A.P)

9848042745 Mail ID: info@fairsoftsolutions.com

ORIGINAL FOR RECIPIENT**GSTIN :****D.L.No.20B: CU/17/AP/2/97****D.L.No.21B: CU/20/AP/2/97****Serial no. of Invoice :** 690**Mode of Transport :****Veh.No :****Place of Supply :****Date & Time of Supply :** 17-09-2018**Details of Receiver (Billed to)****Name :** DR PRASAD**Address :****State :** AP**State Code :****GSTIN/Unique ID :****Details of Consignee (Shipped to)****Name :****Address :****State :****State Code :****GSTIN/Unique ID :**

Description of Goods	Manf.Company	HSN Code	unit	Batch No	Expiry Date	Qty	Free	Rate	Total	CGST %	SGST %
TAZOWIN	THEMIS	30049099	100	TAZ817	01-04-2020	100.00	0.00	24.50	2450.00	6.00	6.00
KETAMIN 50MG	THEMIS	30049099	5	KME805	01-03-2021	5.00	0.00	94.50	472.50	6.00	6.00

Rupees Three Thousand Two Hundred Seventy Three And Paise Only

TAXable Amt : 2922.50**Total :** 3273.20**Loading Charges:** 0.00**Transport Charges** 0.00**CGST Amt :** 175.35**SGST Amt :** 175.35**Certified that the Particulars given above are true and correct and the amount indicated**

a) Represent the price actually charged and that there is no flow additional consideration directly or indirectly from the buyer or
 b) is provisional as additional consideration will be received from the buyer on

TERMS OF SALE

- 1) Goods once sold will not be taken back or exchanged
- 2) Seller is not responsible for any loss or damaged of goods in transit
- 3) Buyer undertakes to submit prescribed ST declaration to sender on demand. Disputes if any will be subject to seller court jurisdiction

Invoice Total : 3,273.00**Electronic Reference Number :****For FAIR PHARMA****Authorised Signatory**

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TRIPPLICATE FOR SUPPLIER

GSTIN :

D.L.No.20B: CU/17/AP/2/97

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Serial no. of Invoice : 690

Mode of Transport :

Veh.No :

Place of Supply :

Date & Time of Supply : 17-09-2018

Details of Receiver (Billed to)

Name : DR PRASAD

Address :

State : AP

State Code :

GSTIN/Unique ID :

Details of Consignee (Shipped to)

Name :

Address :

State :

State Code :

GSTIN/Unique ID :

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