

## Tax Invoice

<b>Name of Supplier/Manufacturer</b>				<b>Complete Address</b>				<b>E-Mail ID</b>		<b>Fax No.</b>		
<b>DL No.</b>				<b>TIN No.</b>				<b>Invoice No.</b>				
<b>DL No.</b>				<b>CST No.</b>		<b>Dated</b>				<b>Invoice date:</b>		
<b>Purchaser</b>		<b>Managing Director</b>		<b>Purchase Order No.</b>				<b>No of Cartons:</b>				
<b>Address</b>		<b>Registered Office:</b> JKMSCL, 1 <sup>st</sup> Floor, Drug Store Building, Govt. Medical College, Bakshi Nagar, Jammu. (Office)- 0191-2580842, Fax- 0191-2581845, e-mail: <a href="mailto:mdjkmscl1@gmail.com">mdjkmscl1@gmail.com</a> , <a href="mailto:jkmsclj@gmail.com">jkmsclj@gmail.com</a> , <a href="mailto:enquiryjkmscl@gmail.com">enquiryjkmscl@gmail.com</a>		<b>Purchase Order Date</b>				<b>Program Name</b>				
<b>JKMSCL Tin No.</b>		<b>01711123489</b>		<b>Drug Code JKMSCL</b>								
<b>Name of Items/ Description:</b>												
S.No.	Name DWH	Ordered Qty.	Invoice/Challan No. Of DDWH	Dated	Packing Size	Batch No.	Mfg. Date.	Exp. Date	Qty Supplied In No. (Batch wise)	Basic Rate	Taxes	Total Basic Amount
1	Anantnag DDWH											
2	Baramulla DDWH											
3	Doda DDWH											
4	GMC, Jammu -DWH											
5	GMC, Srinagar-DWH											
6	Jammu, DDWH											
7	Kathua, DDWH											
8	Rajouri, DDWH											
9	Srinagar, DDWH											
<b>Remarks/Warranty/Certificate:</b>						<b>Total Amount (inclusive of taxes)</b>						
						<b>Rate of ( %) and Total Tax Amount</b>						
						<b>Total Invoice Amount</b>						