

## SFH

imagine, Shop # E0015, Ground Floor, City Center Mall,Uttarayon Township Tel.: +91 3532576110 Help Line: +91 8348230003 Email: support@kbrlretail.com



				TAX INVOICE						
Details of receiver :					GSTIN / UID : 19AAQFK5642Q1ZC					
Customer Name : PARTH SURGICAL AND PHARMA				ЛА	Invoice Number : ECOM/22-23		2-23/22384			
Shipping & Billing : 44 Sushila Niwas, Korit Road, Nandurbar, Maharas					Invoice Date : 22-10-2022					
Address - , NANDURBAR, MH, India, 425412 , Nandurbar,					Order Number :					
Maharashtra, India, 425412				Order Date :						
Mob. : 9890056261				Executive	e :	KBRL				
Email : pawanbhavsar@gmail.com										
GSTIN/UID: : 27AWIPB6057G1ZK										
State: : 27 - Maharashtra										
E-Way	Bill No:	: 123								
Sr	D	escription of G	oods/Services	HSN/SAC	Qty.	Rate	Disc.	Taxable	GST	Total
No.								Value		Value
1 [M	ILPG3HN/A] iP	hone 13 128GE	3 Starlight	85171211	1 NOS	69,900.00	2,100.00	57,457.63	18%	67,800.00
Se	erial/IMEI No.:	LXY7C29JFG /	352831573179944							
2 [M	IHJD3HN/A] 20	W USB C Powe	er Adapter	85044090	1 NOS	1,900.00	95.00	1,529.66	18%	1,805.00
				Sub Total	2		2,195.00			69,605.00
				Total						69,605.00
Total Bill Value (ir						1		1		69,605.00
Remark	ks :									
HSN		Taxable	CGST%	CGST AMT SG	ST%	SGST	AMT	IGST%		IGST AMT
851712	11	57,457.63		0.00			0.00	18.00%		10,342.37
850440	90	1,529.66		0.00			0.00	18.00%		275.34
Total		58,987.29		0.00			0.00			10,617.71
Total A	mount in Wo	ords:- Sixty Ni	ne Thousand Six	Hundred Five only.						
Card Terms & 1.Chequ 2.Delive 3.Goods 4.Advar 5.Goods	ery after cheque s once delivere nce received for s sold are for o	ised in favour of es are realized. d cannot be take r products are su wn use and not f	en back on any acco ubject to availability. for resale.	re signature or stamp.	_		JRES LLP			
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