

## Tax Invoice

(ORIGINAL FOR RECIPIENT)

<b>ENDO VIEW YI GRIPP</b> Floor No.1st, 2nd & 2rd Floor, Flat No. 704 Kalikapur Road, Kalikapur, Kolkata-700099 DL NO:Form-20B-WB/KOL/BIC/W/755547 Form-21B-WB/KOL/NBO/W/755547 UDYAM : UDYAM-WB-10-0022243 (Small) PHONE NO: 033-2465-3049/ Mob No. 8336070234 SALES OFFICE: 6A, NEPAL BHATTACHARJEE STREET Kolkata - 700026 UDYAM : UDYAM-WB-10-0022243 (Small) GSTIN/UIN: 19ADTPH2190Q1ZO State Name : West Bengal, Code : 19 Contact : 033-2465-3049,8336070234	Invoice No. <b>EVG/2025-26/4652</b>	Dated <b>18-Feb-26</b>
	Delivery Note	Mode/Terms of Payment
Consignee (Ship to) <b>APOLLO HOSPITAL (BBSR)</b> PLOT NO. 251, SAINIK SCHOOL ROAD, BHUBANESWAR - 751005 GSTIN/UIN : 21AAACA5443N3ZS State Name : Odisha, Code : 21	Reference No. & Date.	Other References
Buyer (Bill to) <b>APOLLO HOSPITAL (BBSR)</b> PLOT NO. 251, SAINIK SCHOOL ROAD, BHUBANESWAR - 751005 GSTIN/UIN : 21AAACA5443N3ZS State Name : Odisha, Code : 21	Buyer's Order No. <b>DIN12027507</b>	Dated <b>14-Feb-26</b>
	Dispatch Doc No. <b>5050(14/02/2026)</b>	Delivery Note Date
	Dispatched through	Destination
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount	Taxable Value	IGST		Total Amount
										Rate	Amount	
1	<b>PCN CATHETER 10FR-22CM (J- Shape)</b> Batch : <b>BB00923014</b> Expiry: 31-Aug-26	90183100	1,305.00/PCS	<b>5 PCS</b> 5 PCS	228.00	PCS		<b>1,140.00</b>	1,140.00	5%	57.00	1,197.00
	<b>OUTPUT IGST</b>							<b>57.00</b>				
	Total			5 PCS				<b>Rs. 1,197.00</b>	1,140.00		57.00	

Amount Chargeable (in words) **INR One Thousand One Hundred Ninety Seven Only**

E. &amp; O.E

## Company's Bank Details

A/c Holder's Name : **ENDO VIEW YI GRIPP**  
 Bank Name : **ICICI BANK BHOWANIPORE BRANCH(OD)**  
 A/c No. : **627505028452**  
 Branch & IFS Code : **BHOWANIPORE BRANCH & ICIC0006275**

Company's PAN : **ADTPH2190Q**

## Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for **ENDO VIEW YI GRIPP**

Authorised Signatory

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

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Company's PAN : <b>ADTPH2190Q</b>	Company's Bank Details A/c Holder's Name : <b>ENDO VIEW YI GRIPP</b> Bank Name : <b>ICICI BANK BHOWANIPORE BRANCH(OD)</b> A/c No. : <b>627505028452</b> Branch & IFS Code : <b>BHOWANIPORE BRANCH &amp; ICIC0006275</b>
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	for <b>ENDO VIEW YI GRIPP</b>  Authorised Signatory

**Tax Invoice**

(TRIPLICATE FOR SUPPLIER)

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