GST INVOICE

(DUPLICATE FOR TRANSPORTER)

Praful Sanitary
3-6-429/6,SRI SAI TOWER,
St No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

Invoice No. **PS/25-26/429**	Dated **19-Aug-25**
Delivery Note **Invoice**	
Reference No. & Date.	Other References **Credit**
Buyer's Order No. **20250818016**	Dated **19-Aug-25**
Dispatch Doc No. **Invoice**	Delivery Note Date **19-Aug-25**
Dispatched through **Self**	Destination **Vishakapatnam**

Buyer (Bill to)
AMTZ Medpolis Square 4554 Private Limited
Vm Steel Project Town Ship Sub Post
Office Ground,Plot No. D1-56, HUB
Building, AMTZ Campus, Pragati Maidan, Vishakapatnam.
GSTIN/UIN : 37AAXCA5420G1ZG
State Name : Andhra Pradesh, Code : 37

Sl No.	Description of Goods and Services	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	**50mm Upvc MTA Brass**	3917	**5 No:**	748.00	No:	40 %	**2,244.00**
	Output IGST						403.92
	ROUNDING OFF						0.08
	Total		**5 No:**				**₹ 2,648.00**

INWARD
Inward No: 807 | Dt: 26/8/25
MRN No: | Dt:
Received By: sureity | Sign: G.K
AMTZ MEDPOLIS SQUARE 4554 PVT. LTD

Amount Chargeable (in words) E. & O.E
Indian Rupees Two Thousand Six Hundred Forty Eight Only

HSN/SAC	Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
3917	2,244.00	18%	403.92	403.92
9965		18%		
99		28%		
Total	**2,244.00**		**403.92**	**403.92**

Tax Amount (in words) : **Indian Rupees Four Hundred Three and Ninety Two paise Only**

Company's PAN : **ACWPG4864A**

Company's Bank Details
Bank Name : **Canara Bank**
A/c No. : **1181201020289**
Branch & IFS Code : **Banjara Hills & CNRB0001181**

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

Customer's Seal and Signature

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice