



**Bill No :**  
**Date/Time :**  
**Branch :**  
**Address :**

**Name :**  
**Age/Gender : |Others**  
**Ref No :**  
**Doctor :**

**Customer No :**  
**Terminal No :**  
**DL No :**

**Branch Ph :**

Tax Invoice

Item Name	HSN	MFR	Batch No	Exp	Sch	MRP	Dis %	Rate	Qty	Amount	CGST %	SGST %
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Total Items : 0

MRP Total :

Taxable Amount :

Total Quantity : 0

CGST :

Rupees in words : only

SGST :

DDC Pharmacy Pharmacist :

**Net Payable(Round Off) :**

You have saved :

Note :

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**1. Reverse Tax Mechanism on items are not applicable. 2. Exchange within 7 days from date of purchase. 3. Original bill mandatory for exchange of products. 4. Items requiring cold storage will not be returned or exchanged. 5. Dr. Joy's Medstore reserves the right to refuse returns for certain products / medicines. 6. E&O.E Goods once sold cannot be taken back or exchanged. 7. INSULINS AND VACCINES WILL NOT BE TAKEN BACK.**