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Bill No :	**Name :**	**Customer No :**	**Branch Ph :**
Date|Time :	**Age|Gender : |Others**	**Terminal No :**	
Branch :	**Ref No :**	**DL No :**	
Address :	**Doctor :**		**Tax Invoice**

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

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.**