

TAX INVOICE

GSTIN : 999999999999

Invoice No : CTOC/2021/

Dated :

PAN :

Payment Mode : Fund - Wallet

Details of Buyer (Billed to) :**Shipping To :**

DIPO ID :

Name :

Mobile :

State Code :

Delivered By : ()

Address :

City-State :

Pincode :

SNo	Prod. Code	Product Name	HSN Code	Qty.	Rate	Amount	Taxable Amt	CGST		SGST		IGST		Amount
								Rate	Amount	Rate	Amount	Rate	Amount	
				0	0	0.00	0.00		0.00		0.00		0.00	0.00

Rnd. Off 0.00

Net Payable 0.00

zero Only

Terms & Conditions :**For C TO C HEALTHCARE LLP**

1. Seller is not responsible for any damage of goods in transit.
2. The scheme /offer/discount products in the invoice cannot be returned or exchanged.
3. Any inaccuracy in this invoice must be notified immediately on its receipt..
4. Disputes if any will be subject to Lucknow court jurisdiction.

Authorised Signature

For any query call us or visit : 0522-4046550(WWW.CTOCHEALTHCARE.COM)