

Original for Buyer

GST INVOICE

BILL TO :
DCDC CIVIL HOSPITAL RAEBAREILY
CIVIL HOSPITAL RAEBAREILY
State : 09

PHONE : 8506006174

SHIPPED TO

DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
RANABENI MADHAV SINGH JILA CHIKITSALYA
RAEBAREILI, UTTAR PRADESH - 229001
NUMBER :- 8506006174

Invoice No	A001351	Bill No.	25-11-2023
Invoice Date	25-11-2023	L.R. Date	1
P.O. No.	24154	Cases	24-03-2024
P.O. Date	06-11-2023	Due Date	

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 09-UJTAR PRADESH



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name
1	30059040	FITSULA OFF KIT
2	996812	Add FREIGHT CHARGES

Rate	M.R.P	Exp	Mfg	Batch	Free	Pack	Qty	Dis	IGST	Value	Amount
8.00	0.00			0.00			500	0.00	12.00	480.00	0.00
840.00	0.00							0.00	18.00	151.20	0.00
											4000.00
											840.00

Stock No. of Boxes Received **1 (Box)**
Subject to Physical Check **D.H.R.B.**
Name/Employee Code **DCD 20/34**
Centre Name **DCD 20/11/23**
Date/Time **9:15 AM 05/25/2023**
Signature **[Signature]**
M. No. **9525251995**

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Amount
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2	0.00
IGST 12.00%	4000.00	0.00	0.00	480.00	480.00	500	631.20
IGST 18.00%	840.00	0.00	0.00	151.20	151.20		0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		-0.20
TOTAL	4840.00	0.00	0.00	631.20	631.20		0.00

Rs. Five Thousand Four Hundred Seventy One Only

OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN0002207

FOR ANIL PHARMA

Authorised Signatory

Grand Total

5471.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.