



# 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

## GST INVOICE

Invoice No	A000261	L.R. No.	
Invoice Date	18-05-2023	L.R. Date	18-05-2023
P.O. No.	22529-2	Cases	0
P.O. Date	05-05-2023	Due Date	15-09-2023

Transport :- DELHIVERY PRIVATE LIMITED  
E-WAY BILL NO :-  
VEHICLE NO. 13:52  
STATION :- 09-UTTAR PRADESH

### Duplicate for Transporter

BILL TO :  
DDDC DISTRICT HOSPITAL MATHURA  
DISTRICT HOSPITAL , CIVIL LINES  
CHAUBEY PARA , MATHURA State : 09

PHONE : 8218762122

### SHIPPED TO

Name :- DISTRICT HOSPITAL  
ADDRESS :- DIALYSIS UNIT, MAHARISHI DAYANAND  
DISTRICT HOSPITAL, CIVIL LINES, CHAUBEY  
PARA, MATHURA, UTTAR PRADESH-281001  
NUMBER :- 8218762122

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount					
1	9018	3WAY STOP COCK(UNICOT)		2		1HB02222		1/24	34.25	8.50	0.00	12.00	2.04	0.00	17.00					
2	9018	AMBU BAG (ADULT)		1		0.00			0.00	530.00	0.00	12.00	63.60	0.00	530.00					
3	6210	BUFFANT CAP		500		0.00			0.00	0.90	0.00	5.00	22.50	0.00	450.00					
4	9018	DIAL CHECK-ANEROID SPHYG (BP)		2		RX01052022			0.00	950.00	0.00	12.00	228.00	0.00	1900.00					
5	9025	DIGITAL THERMOMETER		2		0.00			0.00	75.00	0.00	18.00	27.00	0.00	150.00					
6	9018	ET TUBE 6.5NO		50		0.00			0.00	65.00	0.00	12.00	390.00	0.00	3250.00					
7	9018	ET TUBE 7.5		50		0.00			0.00	70.00	0.00	12.00	420.00	0.00	3500.00					
8	9018	ET TUBE 7NO		42		0.00			0.00	65.00	0.00	12.00	390.00	0.00	3250.00					
9	9018	ET TUBE 8NO		50		0.00			0.00	65.00	0.00	12.00	327.60	0.00	2730.00					
10	4015	EXAM GLOVES (M)		80		G21072673	9/21	6/26	0.00	65.00	0.00	12.00	390.00	0.00	3250.00					
11	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	230.00	0.00	12.00	2208.00	0.00	18400.00					
12	9019	GUEDEL AIRWAY 4 (OROPHARYNGEAL)		2		GA061	2/22	7/26	0.00	1.50	0.00	5.00	37.50	0.00	750.00					
13	9019	GUIDEL AIRWAY 5		2		GA061	2/22	7/26	0.00	68.00	0.00	12.00	16.32	0.00	136.00					
14	9018	HMD 22 NO NEEDLE		1		20232D	5/22	4/27	0.00	68.00	0.00	12.00	16.32	0.00	136.00					
15	9018	HYPODERMIC STERILE SYRINGE 10M	1*100	20		6302023	3/23	1/28	0.00	100.00	0.00	12.00	12.00	0.00	100.00					
16	9018	HYPODERMIC 20ML SYRINGE	1*25	1		54111021	3/22	10/26	0.00	175.00	0.00	12.00	420.00	0.00	3500.00					
17	90183100	INJ ADRENALINE 1ML 1*50(R)	1*50	1		AD-193	5/24		0.00	250.00	0.00	12.00	30.00	0.00	250.00					
18	3004								0.00	245.00	0.00	12.00	29.40	0.00	245.00					
<b>CLASS</b>													<b>TOTAL</b>	<b>42544.00</b>						
<b>IGST 5.00%</b>													1200.00	0.00	0.00	60.00	0.00	60.00		
<b>IGST 12.00%</b>													41194.00	0.00	0.00	4943.28	0.00	4943.28		
<b>IGST 18.00%</b>													150.00	0.00	0.00	27.00	0.00	27.00		
<b>IGST 28.00%</b>													0.00	0.00	0.00	0.00	0.00	0.00		
<b>TOTAL</b>													42544.00	0.00	0.00	5030.28	0.00	5030.28		
Rs. Eighty One Thousand Eight Hundred Forty Four Only																				

(ET TUBE 6.5NO)  
(48 Received)

(Received 1)

**Terms & Conditions**  
Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only.  
Bills not paid due date will attract 24% interest.

Stock/No. of Boxes Received ..... 11 Box  
Subject to Physical Check  
Name/Employee Code ..... Anurag Chah  
Centre Name ..... Mathura  
Date/Time ..... 2/5/23  
Signature ..... M. No. 8218762122

FOR ANIL PHARMA

Authorised Signatory

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Duplicate for Transporter



**ANIL PHARMA**

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ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
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DISTRICT HOSPITAL, CIVIL LINES  
CHAUBEY PARA, MATHURA State : 09

PHONE : 8218762122

Transport :- DELHIVERY PRIVATE LIMITED  
E-WAY BILL NO :-  
VEHICLE NO. 13:52  
STATION :- 09-UTTAR PRADESH

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
ADDRESS :- DIALYSIS UNIT, MAHARISHI DAYANAND  
DISTRICT HOSPITAL, CIVIL LINES, CHAUBEY  
PARA, MATHURA, UTTAR PRADESH-281001  
NUMBER :- 8218762122

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
36	999812	Add FREIGHT CHARGES							0.00	2230.00	0.00	18.00	401.40	0.00	0.00
													TOTAL	70628.70	2230.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	3550.00	0.00	0.00	177.50	0.00	177.50
IGST 12.00%	61128.70	0.00	0.00	7335.44	0.00	7335.44
IGST 18.00%	8180.00	0.00	0.00	1472.40	0.00	1472.40
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>72858.70</b>	<b>0.00</b>	<b>0.00</b>	<b>8985.34</b>	<b>0.00</b>	<b>8985.34</b>

Rs. Eighty One Thousand Eight Hundred Forty Four Only  
**OUR BANK DETAILS AS :-**  
Bank Name : UJJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
IFSC Code : UJVN0002207

**Terms & Conditions**  
Goods once sold will not be taken back or exchanged.  
Bills not paid due date will attract 24% interest.  
All disputes subject to Jurisdiction only.

Stock/No. of Boxes Received ..... 11  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... 22/5/23  
Signature ..... M. No. 8218762122

**FOR ANIL PHARMA**  
  
Authorized Signatory

TOTAL	72858.70
DIS AMT.	0.00
IGST PAYBLE	8985.34
PAYBLE	0.00
Round off	-0.04
CR/DR NOTE	0.00
	0.00

Grand Total  
81844.00