



**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**

Original for Buyer

Invoice No	A001948	Bill No.	
Invoice Date	07-03-2024	L.R. Date	
P.O. No.	25433	Cases	07-03-2024
P.O. Date	05-03-2024	Due Date	1
Transport :-			05-07-2024

E-WAY BILL NO :-  
 VEHICLE NO. :-  
 STATION :- 03-PUNJAB

**BILL TO :**  
 DCDC, NAYYAR HOSPITAL AMRITSAR  
 DIALYSIS UNIT, NAYYAR HOSPITAL  
 3, DASONDA SINGH ROAD, State : 03  
 AMRITSAR, PUNJAB-143001  
 PHONE. : 8595955923

**SHIPPED TO**  
 Name :- NAYYAR HOSPITAL  
 DIALYSIS UNIT, NAYYAR HOSPITAL  
 Address:- 3, DASONDA SINGH ROAD, AMRITSAR  
 PUNJAB - 143001  
 NUMBER :- 8595955923

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	90189029	BLUE PUNCTURE 10LTR		1					0.00	240.00	0.00	12.00	28.80	0.00	0.00	240.00
2	4015	EXAM GLOVES (M)		6					0.00	230.00	0.00	12.00	165.60	0.00	0.00	1380.00
3	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	1		51210023		11/27	0.00	195.00	0.00	12.00	23.40	0.00	0.00	195.00
4	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	2		68012023		11/28	0.00	175.00	0.00	12.00	42.00	0.00	0.00	350.00
5	9018	IV SET-ECO		150		HCR23027		12/26	0.00	6.50	0.00	12.00	117.00	0.00	0.00	975.00
6	3005	MICROPORE 3"		12		2312223		11/26	0.00	75.00	0.00	12.00	108.00	0.00	0.00	900.00
7	3901	SHOE COVER		100		0.00			0.00	1.95	0.00	18.00	35.10	0.00	0.00	195.00
8	996812	Add FREIGHT CHARGES							0.00	650.00	0.00	18.00	117.00	0.00	0.00	650.00

Stock/No. of Boxes Received ..... 1 Box  
 Subject to Physical Check  
 Name of Employee Code .....  
 Centre Name ..... Nayyar hospital  
 Date/Time ..... 11/3/24 5:30pm  
 Signature ..... M. No. 7110125988

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	4885.00
IGST 12.00%	4040.00	0.00	0.00	484.80	0.00	DIS AMT. 0.00
IGST 18.00%	845.00	0.00	0.00	152.10	484.80	IGST PAYBLE 636.90
IGST 28 %	0.00	0.00	0.00	0.00	152.10	PAYBLE 0.00
<b>TOTAL</b>	4885.00	0.00	0.00	636.90	636.90	Round off 0.10

Rs. Five Thousand Five Hundred Twenty Two 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.

**FOR ANIL PHARMA**

Authorized Signatory

**TOTAL 4885.00**

DIS AMT. 0.00  
 IGST PAYBLE 636.90  
 PAYBLE 0.00  
 Round off 0.10  
 CR/DR NOTE 0.00

**Grand Total 5522.00**