

Original for Buyer

GST INVOICE

BILL TO :
 CDC AREA HOSPITAL VEMULAWADA
 CDC DIALYSIS CENTER, AREA HOSPITAL
 VEMULAWADA, RAJANNA SIRCILLA DIST State : 36
 TELANGANA - 505302
 PHONE. : 8588850032

Invoice No	A001400	Bill No.	25-11-2023
Invoice Date	25-11-2023	L.R. Date	1
P.O. No.	24288	Cases	
P.O. Date	06-11-2023	Due Date	24-03-2024

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO. :-
 STATION :- 36-TELANGANA



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAAPP6291A1ZR
 E-Mail : anilpharma1997@gmail.com

SHIPPED TO
 Name :- AREA HOSPITAL
 Address:- DIALYSIS UNIT, AREA HOSPITAL
 RAJANNA SIRCILLA DIST, VEMULAWADA
 TELANGANA - 505302
 NUMBER :- 9676237955

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	GREEN LIFE 5ML SYR		2		121023		9/28	0.00	195.00	0.00	12.00	0.00	0.00	390.00
2	996812	ADD FREIGHT CHARGES							0.00	890.00	0.00	18.00	160.20	0.00	890.00



CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2	DIS AMT. 0.00
IGST 12.00%	390.00	0.00	0.00	46.80	46.80	2	IGST PAYBLE 207.00
IGST 18.00%	890.00	0.00	0.00	160.20	160.20		PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		Round off 0.00
TOTAL	1280.00	0.00	0.00	207.00	207.00		CR/DR NOTE 0.00

Rs. One Thousand Four Hundred Eighty Seven 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

Authorised Signatory

Grand Total

1487.00