



# 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

Invoice No	A001002	Bill No.	
Invoice Date	22-09-2023	L.R. Date	22-09-2023
P.O. No.	23699	Cases	8
P.O. Date	06-09-2023	Due Date	20-01-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 19-WEST BENGAL

23699

RUBY GENERAL HOSPITAL  
KOLKATA State : 19  
PHONE : 8506005556  
SHIPPED TO  
Name :- RUBY GENERAL HOSPITAL  
Address:- DIALYSIS UNIT, RUBY GENERAL HOSPITAL  
KASBA GOLPARK , EM BYPASS, KOLKATA  
WEST BENGAL - 700107  
NUMBER :- 8506005556

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	4015	SURGICARE GLOVES 6.50 NO	1*25	4000		000			0.00	16.00	0.00	12.00	7680.00	0.00	0.00	64000.00
2	996812	Add FREIGHT CHARGES							0.00	3480.00	0.00	18.00	626.40	0.00	0.00	3480.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	67480.00
IGST 12.00%	64000.00	0.00	0.00	7680.00	7680.00	DIS AMT. 0.00
IGST 18.00%	3480.00	0.00	0.00	626.40	626.40	IGST PAYBLE 8306.40
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
<b>TOTAL</b>	67480.00	0.00	0.00	8306.40	8306.40	Round off -0.40
Rs. Seventy Five Thousand Seven Hundred Eighty Six Only						CR/DR NOTE 0.00
						<b>0.00</b>

**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 ..... 08  
Subject to Physical Check  
Name/Employee Code ..... ANIL PHARMA  
Centre Name ..... Ruby Hospital  
Date/Time ..... 28/09/23  
Signature ..... M. No.....

FOR ANIL PHARMA  
  
Authorized Signatory

Grand Total  
  
75786.00