



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	A001050	Bill No.	
Invoice Date	16-10-2023	L.R. Date	16-10-2023
P.O. No.	23866	Cases	0
P.O. Date	10-10-2023	Due Date	13-02-2024

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

Duplicate for Transporter

BILL TO :
DCDC AVADH HOSPITAL SINGAR NAGAR
DIALYSIS UNIT, AVADH HOSPITAL
AVADH CHAURAHA, SINGAR NAGAR State: 09
ALAM BAGH UTTAR PRADESH - 226005
PHONE. : 8299073411,8299073411

1 Box
9

SHIPPED TO
Name :- AVADH HOSPITAL
Address:- DIALYSIS UNIT, AVADH HOSPITAL
AVADH CHAURAHA, SINGAR NAGAR
UTTAR PRADESH - 226005
NUMBER :- 8299073411

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	30059040	FITSULA OFF KIT		500		000			0.00	8.00	0.00	12.00	480.00	0.00	0.00	4000.00
2	996812	Add FREIGHT CHARGES							0.00	690.00	0.00	18.00	124.20	0.00	0.00	690.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	DIS AMT.	IGST PAYBLE	PAYBLE	Round off	GRAND TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2	500	0.00	604.20	0.00	-0.20	0.00
IGST 12.00%	4000.00	0.00	0.00	480.00	480.00							0.00
IGST 18.00%	690.00	0.00	0.00	124.20	124.20							0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00							0.00
TOTAL	4690.00	0.00	0.00	604.20	604.20							5294.00

Rs. Five Thousand Two Hundred Ninety 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.

FOR ANIL PHARMA

Authorized Signatory

DCDC HOSPITAL CENTRE AVADH HOSPITAL
MATERIAL RECEIVED
DATE: 21/10/23
TIME: 12:30 PM
RECEIVED BY: *Sapam*
478 Pcs
21/10/23

Grand Total
5294.00