



ANIL PHARMA

58, RAJAN BABU ROAD,
 DARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPPG6291A1ZR
 Mail : anilpharma1997@gmail.com

GST INVOICE

Original for Buyer

BILL TO :

DCDC SAHARA HOSPITAL RAMPUR
 DIALYSIS UNIT , SAHARA HOSPITAL
 JANU NAGAR, SIMARIYA, POST- KEMRI State : 09
 TEHSIL- MILAK , RAMPUR UP-243701
 PHONE. : 8279538027

Invoice No	A001880	Bill No.	
Invoice Date	10-02-2024	L.R. Date	10-02-2024
P.O. No.	24977-1	Cases	0
P.O. Date	18-01-2024	Due Date	09-06-2024

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

SHIPPED TO

Name :- SAHARA HOSPITAL
 Address:- DIALYSIS UNIT, SAHARA HOSPITAL
 JANU NAGAR, SIMARIYA, TEHSIL- MILAK
 RAMPUR , UTTAR PRADESH - 243701
 NUMBER :- 8279538027

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
9018	NEEDLE CUTTER 3LTR		2					0.00	2300.00	0.00	12.00	552.00	0.00	0.00	4600.00

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code M. No. 8279538027
 Centre Name
 Date/Time 28/02/24
 Signature M. No. 8279538027

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
GST 5.00%	0.00	0.00	0.00	0.00	0.00	
GST 12.00%	4600.00	0.00	0.00	552.00	552.00	
GST 18.00%	0.00	0.00	0.00	0.00	0.00	
GST 28 %	0.00	0.00	0.00	0.00	0.00	
TOTAL	4600.00	0.00	0.00	552.00	552.00	4600.00

Total Items :- 1
 Total Qty :- 2

TOTAL	4600.00
DIS AMT.	0.00
IGST PAYBLE	552.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

s. Five Thousand One Hundred Fifty Two Only

BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 MICR Code : UJVN0002207

FOR ANIL PHARMA



Authorized Signatory

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 Payments not paid due date will attract 24% interest.
 Disputes subject to Jurisdiction only.

Grand Total

5152.00