



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	A001975	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25330	Cases	6
P.O. Date	05-03-2024	Due Date	07-07-2024
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

Original for Buyer

BILL TO :
DCDC DISTRICT HOSPITAL MATHURA
DISTRICT HOSPITAL , CIVIL LINES
CHAUBEY PARA , MATHURA State : 09

PHONE. : 8218762122

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, MAHARISHI DAYANAND
DISTRICT HOSPITAL, CHAUBEY PARA
MATHURA , UTTAR PRADESH - 281001
NUMBER :- 9837867021

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	6210	BUFFANT CAP		500		0.00			0.00	0.90	0.00	5.00	22.50	0.00	0.00	450.00
2	30059010	COTTON ROLL 500GM		5		243		10/26	0.00	115.00	0.00	12.00	69.00	0.00	0.00	575.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	0.00	750.00
4	30059040	FITSULA OFF KIT		500		0.00			0.00	7.85	0.00	12.00	471.00	0.00	0.00	3925.00
5	30059040	FITSULA ON-KIT		500		0.00			0.00	7.85	0.00	12.00	471.00	0.00	0.00	3925.00
6	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	2		51210023		11/27	0.00	195.00	0.00	12.00	46.80	0.00	0.00	390.00
7	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		68012023		11/28	0.00	175.00	0.00	12.00	420.00	0.00	0.00	3500.00
8	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		J23AM352		9/25	0.00	5.10	0.00	12.00	30.60	0.00	0.00	255.00
9	3004	INJ CARNIXOL		100		MN23339A		11/25	0.00	19.65	0.00	12.00	235.80	0.00	0.00	1965.00
10	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	2		RE-92		10/25	0.00	230.00	0.00	12.00	55.20	0.00	0.00	460.00
11	3004	INJ HYDROCOTISONE 100MG (EFFCO		100		23GL16Z		11/25	0.00	23.50	0.00	5.00	117.50	0.00	0.00	2350.00
12	3004	INJ MEDARONE 3ML (CORDRONE)		50		A23447B		10/25	0.00	50.00	0.00	12.00	300.00	0.00	0.00	2500.00
13	30043913	INJ MEPDEX (DEXA)		100		MN23233E		8/25	0.00	7.00	0.00	12.00	84.00	0.00	0.00	700.00
14	30049069	INJ ONDION (EMSET)		50		MN23337C		11/25	0.00	4.80	0.00	12.00	28.80	0.00	0.00	240.00
15	3004	INJ PANTAPROZOLE 40MG		100		23GJ16D		9/25	0.00	14.30	0.00	12.00	171.60	0.00	0.00	1430.00
16	30049039	INJ.REVIL		50		W532		8/25	0.00	3.30	0.00	12.00	19.80	0.00	0.00	165.00
17	3004	INJ S.B.C 10ML 1*50 (R)	1*50	1		SB-282		11/25	0.00	305.00	0.00	12.00	36.60	0.00	0.00	305.00
18	30049088	INJ ZINOCAINE (LOX 2%)		50		NZLI-002		2/25	0.00	29.00	0.00	12.00	174.00	0.00	0.00	1450.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	3550.00	0.00	0.00	177.50	0.00	177.50
IGST 12.00%	21785.00	0.00	0.00	2614.20	0.00	2614.20
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	25335.00	0.00	0.00	2791.70	0.00	2791.70

TOTAL	25335.00
DIS AMT.	0.00
IGST PAYBLE	2791.70
PAYBLE	0.00
CR/DR NOTE	0.00

Rs. Thirty Eight Thousand Six Hundred Eighty Four Only

MSG:
Terms & Conditions
Goods once sold will not be taken back or exchanged.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.

FOR ANIL PHARMA

Authorized Signatory

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Stock/No. of Boxes Received 6 Box
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 11/09/2024
Signature M. No.



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	A001975	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25330	Cases	6
P.O. Date	05-03-2024	Due Date	07-07-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-UTTAR PRADESH

BILL TO :

DCDC DISTRICT HOSPITAL MATHURA
DISTRICT HOSPITAL , CIVIL LINES
CHAUBEY PARA , MATHURA State : 09

PHONE : 8218762122

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, MAHARISHI DAYANAND
DISTRICT HOSPITAL, CHAUBEY PARA
MATHURA , UTTAR PRADESH - 281001
NUMBER :- 9837867021

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
19	30039034	LOX SPRAY 10%		2		KPNP736008		11/25	0.00	260.00	0.00	12.00	62.40	0.00	0.00	520.00
20	90192010	OXYGEN MASK ADULT		5		OXMA1122		10/26	0.00	40.00	0.00	12.00	24.00	0.00	0.00	200.00
21	9018	PULSE OXYMETER		2		0.00			0.00	950.00	0.00	12.00	228.00	0.00	0.00	1900.00
22	3901	SHOE COVER	1000	10		0.00			0.00	1.95	0.00	18.00	351.00	0.00	0.00	1950.00
23	30049076	TAB ARKAMIN (CLODICT)		15		23LT1604		11/26	0.00	26.00	0.00	12.00	31.20	0.00	0.00	260.00
24	30049075	TAB BIOZOCIN(PARAZONAL XL) 5MG		25		SPA232357		9/25	0.00	28.50	0.00	12.00	51.30	0.00	0.00	427.50
25	30049039	TAB PEPTILCER40 MG (PANTOSEC)		25		SPA232043		8/25	0.00	34.25	0.00	12.00	102.75	0.00	0.00	856.25
26	996812	Add FREIGHT CHARGES							0.00	3045.00	0.00	18.00	548.10	0.00	0.00	3045.00
													TOTAL		25335.00	

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	3550.00	0.00	0.00	177.50	0.00	34493.75
IGST 12.00%	25948.75	0.00	0.00	3113.85	0.00	
IGST 18.00%	4995.00	0.00	0.00	899.10	0.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	
TOTAL	34493.75	0.00	0.00	4190.45	0.00	4190.45

Rs. Thirty Eight Thousand Six Hundred Eighty 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.

Stock/No. of Boxes Received 6/20
Subject to Physical Check OK
Name/Employee Code P. D. 2020
Centre Name DELHI
Date/Time 11/03/24
Signature [Signature] M. No. 9837862021

FOR ANIL PHARMA

Authorised Signatory

TOTAL 34493.75
DIS AMT. 0.00
IGST PAYBLE 4190.45
PAYBLE 0.00
Round off -0.20
CR/DR NOTE 0.00
0.00

Grand Total

38684.00

0
07
8.3
5.0
3.5
to 40
TO 40
-270
-45
-51.5



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
DL.No. : 208-137398 \ 218-137394
GSTIN : 07AAPP06291A1ZR
E-Mail : anilpharma1957@gmail.com

GST INVOICE

Original for Buyer

BILL TO :
DCC DISTRICT HOSPITAL ANTHURA
DISTRICT HOSPITAL, CIVIL LINES
CHAUBEY PARK, ANTHURA Dist: BR

PHONE : 9218792122

SHIPPED TO

Name > DISTRICT HOSPITAL
Address > DIALYSIS UNIT, NIKHARSHI DARYANAND
DISTRICT HOSPITAL, CHAUBEY PARK
MUKHURA, UTTAR PRADESH - 201001
NUMBER > 922867021

Invoice No	AD19576	Bill No.	
Invoice Date	05-05-2024	L.R. Date	05-05-2024
P.O. No.	25491	Cases	1
P.O. Date	05-05-2024	Due Date	07-07-2024

Transport > DELHIVERY PRIVATE LIMITED
E-WAY BILL NO >
VEHICLE NO. >
STATION > 09-UTTAR PRADESH

S.N	QR	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.L.P	Rate	Dis	IGST	Value	Value	Amount
1	WH	IV SET-600		1000		1000000		1225	0.00	6.50	0.00	12.00	780.00	0.00	6500.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL	6500.00
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	1000	DIS AMT.	0.00
IGST 12.00%	9500.00	0.00	0.00	780.00	780.00			IGST PAYBLE	780.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			PAYBLE	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off	0.00
TOTAL	6500.00	0.00	0.00	780.00	780.00			CR/DR NOTE	0.00

Rs. Seven Thousand Two Hundred Eighty Only

OUR BANK DETAILS AS :-

Bank Name : UJJVAN 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.
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FOR ANIL PHARMA

Stock/No. of Boxes Received 6 BOX
Subject to Physical Check ok
Name/Employee Code D. S. J. A.
Centre Name D. S. J. A.
Date/Time 05/05/24
Signature [Signature] M. No. 922867021
Authorized Signatory

Grand Total
7280.00