

GSTIN : 07AAPP6291A1ZR

TAX INVOICE

Duplicate Copy

Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/396
Date of Invoice : 05-06-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 41.06.2024.26263

Transport : BY HAND
Vehicle No. : DL01LT8750
Station : GHAZIABAD
E-Way Bill No. : 751433554469
PO DATE : 04.06.2024

Billed to :
DCDC CIVIL HOSPITAL GHAZIABAD
DISTRICT COMBINED HOSPITAL ,
SECTOR 23 , GHAZIABAD-201001

Shipped to :
DCDC CIVIL HOSPITAL GHAZIABAD
DISTRICT COMBINED HOSPITAL ,
SECTOR 23 , GHAZIABAD-201001

Party Mobile No : 8506002727
GSTIN / UIN :
D.L. No. :

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D.L. No. :

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,000	0		IV SET-ECO	9018	REM54115	Jan-2027	0.00	6.50	0.00%	12%	7,280.00
2	1,800	0		FITSULA OFF KIT	30059040			0.00	7.00	0.00%	12%	14,112.00
3	1,000	0		FITSULA ON-KIT	30059040			0.00	7.00	0.00%	12%	7,840.00
4	90	0		EXAM GLOVES (M)	4015			0.00	230.00	0.00%	12%	23,184.00
5	50	0		Povinanaz M/B Powder	30049087	N0140108	Dec-2026	45.00	15.00	0.00%	12%	840.00
6	10	0	1*50	HYPODERMIC STERILE SYRINGE 5ML	9018	13203024	Feb-2029	0.00	195.00	0.00%	12%	2,184.00
7	20	0	1*50	CARE DISPO. SYRINGE 10ML 1*50	90183100	B24059	Jan-2027	0.00	175.00	0.00%	12%	3,920.00
8	600	0		FACE MASK 3 PLY EARLOOP BLUE	63079090			0.00	1.50	0.00%	5%	945.00
9	50	0		G PLAST	3005	2312BD0	Nov-2028	0.00	68.00	0.00%	12%	3,808.00
10	10	0		SHARP CONTAINER PLASTIC 3LTR	9018			0.00	150.00	0.00%	12%	1,680.00
11	52	0		MICROPORE 3"	3005	2404002	Mar-2027	0.00	75.00	0.00%	12%	4,368.00
12	100	0		Vacutainer Plain	9018			13.50	5.50	0.00%	12%	616.00
13	100	0		Vacutainer Edta	9018			13.50	6.00	0.00%	12%	672.00
14	2	0		KLACII LIQUID HAND SANITIZER 5	3808	HS073L	---	0.00	580.00	0.00%	18%	1,368.80
15	150	0		INJ BIOCETAMOL (PYREMOL) 2ML 1	3004	W723	Nov-2025	0.00	5.10	0.00%	12%	856.80
16	1	0	1*50	INJ ETOPHYLINE & THEOPHYLINE 1	30049099	RE-92.	Oct-2025	0.00	230.00	0.00%	12%	257.60
17	25	0		INJ TRANEXA 5ML (TEXACOT)	30049099	MN23293	Oct-2025	0.00	33.50	0.00%	5%	879.38
18	1	0		INJ Frusamide 1*50 (R) / LASI	3004	FM-126	Jan-2026	0.00	165.00	0.00%	12%	184.80
19	1	0		INJ REVIL 1*50	30049039	PH-71	Aug-2025	0.00	165.00	0.00%	12%	184.80
20	40	0		INJ Asthalin Respules	30049091	L821080	Oct-2025	0.00	6.30	0.00%	12%	282.24
						L830918	Aug-2026					
21	50	0		INJ PANTAPROZOLE 40MG	3004	24ge06n	Oct-2025	0.00	14.30	0.00%	12%	800.80
22	20	0		TAB ARKAMIN (CLODICT)	30049076	23LT1604	Nov-2026	0.00	26.00	0.00%	12%	582.40
23	15	0		TAB BIOZOCIN(PARAZONAL XL) 5MG	30049075	SPA232392	Oct-2025	0.00	28.50	0.00%	12%	478.80
24	2	0	1*50	HIV 1/2 CARD TEST 50TEST FAST	30029090	OHIV-12400	Feb-2026	0.00	2,600.00	0.00%	5%	5,460.00
25	2	0	1*50	HCV CARD TEST 50TEST FAST VUE	30029090	.OHCV01240	Feb-2026	0.00	2,650.00	0.00%	5%	5,565.00

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 220712004000035; IFSC - UJVN0002207

Terms & Conditions

E.& O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

Stock/No. of Boxes Received *07.7.23*
Subject to Physical Check
Name/Employee Code *Chetan*
Centre Name *Chetan*
Date/Time *6.6.2024*
Signature *[Signature]* M. No. *050000*

For Anil Pharma

Authorised Signatory

GSTIN : 07AAPP6291A1ZR

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26	2	0		HBSAG CARD TEST 50TEST FASTVU	30029090	OHBS-01240	Feb-2026	0.00	550.00	0.00%	5%	1,155.00

Total 89,505.42

Less : Rounded Off (-)

0.42

5,193.00 0.00

Grand Total ₹ 89,505.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	66,189.500	7,942.740	7,942.740
5%	13,337.500	666.875	666.875
18%	1,160.000	208.800	208.800
Total	80,687.000	8,818.415	8,818.415

Rupees Eighty Nine Thousand Five Hundred Five Only

Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207

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- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

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

For Anil Pharma
 Authorised Signatory