



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

Duplicate for Transporter

BILL TO :

DCDC CHC HOSPITAL KORUTLA
DIALYSIS UNIT , COMMUNITY HEALTH CENTER
KORUTLA , DISTT. JAGTIAL State : 36
TEGANGANA-505326
PHONE : 9676017674

Invoice No	A001454	Bill No.	
Invoice Date	13-12-2023	L.R. Date	13-12-2023
P.O. No.	24447	Cases	4
P.O. Date	07-12-2023	Due Date	11-04-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 36-TELANGANA

SHIPPED TO

Name :- COMMON HEALTH CENTER
Address:- DIALYSIS UNIT, COMMON HEALTH CENTER
DIST- JAGTIAL , KORUTLA
TELANGANA - 505326
NUMBER :- 9676017674

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		51510023		11/27	0.00	195.00	0.00	12.00	117.00	0.00	0.00
2	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		I3G011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	975.00
3	30049039	INJ REVIL		50		W011		12/24	0.00	3.30	0.00	12.00	19.80	0.00	255.00
4	9018	IV SET-ECO		1100		HCR23007		4/26	0.00	6.50	0.00	12.00	858.00	0.00	165.00
5	996812	Add FREIGHT CHARGES							0.00	2875.00	0.00	18.00	517.50	0.00	7150.00
													0.00	0.00	2875.00

CCDC HOSPITAL CENTRE-KORUTLA, TELANGANA
MATERIAL RECEIVED
DATE 19/12/2023
TIME 12:45 RECEIVED BY *[Signature]*

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	11420.00
IGST 12.00%	8545.00	0.00	0.00	1025.40	0.00	DIS AMT. 0.00
IGST 18.00%	2875.00	0.00	0.00	517.50	0.00	IGST PAYBLE 1542.90
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
TOTAL	11420.00	0.00	0.00	1542.90	0.00	Round off 0.10
Rs. Twelve Thousand Nine Hundred Sixty Three Only						CR/DR NOTE 0.00

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

Grand Total
12963.00



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Invoice No	A001455	Bill No.	
Invoice Date	13-12-2023	L.R. Date	13-12-2023
P.O. No.	24536	Cases	0
P.O. Date	07-12-2023	Due Date	11-04-2024

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 36-TELANGANA

BILL TO :
DCDC CHC HOSPITAL KORUTLA
DIALYSIS UNIT , COMMUNITY HEALTH CENTER
KORUTLA , DISTT. JAGTIAL State : 36
TEGANGANA-505326
PHONE. : 9676017674

SHIPPED TO
Name :- COMMON HEALTH CENTER
Address:- DIALYSIS UNIT, COMMON HEALTH CENTER
DIST- JAGTIAL , KORUTLA
TELANGANA - 505326
NUMBER :- 9676017674

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	4015	EXAM GLOVES (M)		50					0.00	230.00	0.00	12.00	1380.00	0.00	0.00	11500.0

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	50	11500.00
IGST 12.00%	11500.00	0.00	0.00	1380.00	0.00			1380.00
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	11500.00	0.00	0.00	1380.00	0.00			1380.00

TOTAL	11500.00
DIS AMT.	0.00
IGST PAYBLE	1380.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Twelve Thousand Eight Hundred Eighty Only

OUR BANK DETAILS AS :-

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

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FOR ANIL PHARMA

Authorised Signatory

Grand Total

12880.00