



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

Original for Buyer

BILL TO :
DCDC DISTRICT HOSPITAL KUSHINAGAR
COMBINED DISTRICT HOSPITAL
RABINDRA NAGAR ROAD, State : 09
RABINDRA NAGAR DHOOS KUSHI NAGAR
PHONE : 8506007856

10 Box
142

| | | | |
|--------------|------------|-----------|------------|
| Invoice No | A001116 | Bill No. | |
| Invoice Date | 19-10-2023 | L.R. Date | 19-10-2023 |
| P.O. No. | 23852 | Cases | 0 |
| P.O. Date | 10-10-2023 | Due Date | 16-02-2024 |

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

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
RAVINDARA DHUS, PADRAUNA, KUSHINAGAR
UTTAR PRADESH - 274304
NUMBER :- 8506007856

| S.N | HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount | |
|-----|----------|--------------------------------|------|--------|------|----------|-----|------|-------|---------|------|-------|---------|-------|--------|----------|
| 1 | 4015 | EXAM GLOVES (S) | | 80 ✓ | | 0.00 | | | 0.00 | 230.00 | 0.00 | 12.00 | 2208.00 | 0.00 | 0.00 | 18400.00 |
| 2 | 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 |
| 3 | 30059040 | FITSULA OFF KIT | | 2000 ✓ | | 0.00 | | | 0.00 | 8.00 | 0.00 | 12.00 | 1920.00 | 0.00 | 0.00 | 16000.00 |
| 4 | 30059040 | FITSULA ON-KIT | | 2000 ✓ | | 0.00 | | | 0.00 | 8.00 | 0.00 | 12.00 | 1920.00 | 0.00 | 0.00 | 16000.00 |
| 5 | 9018 | HYPODERMIC STERILE SYRINGE 10M | 1*50 | 40 ✓ | | 34707023 | | 6/28 | 0.00 | 175.00 | 0.00 | 12.00 | 840.00 | 0.00 | 0.00 | 7000.00 |
| 6 | 9018 | IV SET-ECO | | 2000 ✓ | | HCR23007 | | 4/26 | 0.00 | 6.50 | 0.00 | 12.00 | 1560.00 | 0.00 | 0.00 | 13000.00 |
| 7 | 996812 | Add FREIGHT CHARGES | | | | | | | 0.00 | 5460.00 | 0.00 | 18.00 | 982.80 | 0.00 | 0.00 | 5460.00 |

Stock/No. of Boxes Received10 BOX....
Subject to Physical Check 10 BOX.
Name/Employee Code *Ajij. Kumar. 02119*
Centre Name *D.C.H. Kushinagar*
Date/Time *24.11.23* *2:20 pm*
Signature *[Signature]* M. No. *8917001011*

| CLASS | TOTAL | SCHEME | DISCOUNT | IGST | TOTAL IGST | TOTAL | 76610.00 |
|--------------|----------|--------|----------|---------|------------|---------|------------------------|
| IGST 5.00% | 750.00 | 0.00 | 0.00 | 37.50 | 0.00 | 37.50 | DIS AMT. 0.00 |
| IGST 12.00% | 70400.00 | 0.00 | 0.00 | 8448.00 | 0.00 | 8448.00 | IGST PAYBLE 9468.30 |
| IGST 18.00% | 5460.00 | 0.00 | 0.00 | 982.80 | 0.00 | 982.80 | PAYBLE 0.00 |
| IGST 28 % | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | Round off -0.30 |
| TOTAL | 76610.00 | 0.00 | 0.00 | 9468.30 | 0.00 | 9468.30 | CR/DR NOTE 0.00 |

Total Items :- 7
Total Qty :- 6620

| | |
|--------------|-----------------|
| TOTAL | 76610.00 |
| DIS AMT. | 0.00 |
| IGST PAYBLE | 9468.30 |
| PAYBLE | 0.00 |
| Round off | -0.30 |
| CR/DR NOTE | 0.00 |
| TOTAL | 0.00 |

Rs. Eighty Six Thousand Seventy Eight Only

OUR BANK DETAILS AS :-

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

FOR ANIL PHARMA



Authorised Signatory

Grand Total

86078.00

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.