



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

2 Box
12/24

Invoice No	A001607	Bill No.	
Invoice Date	09-01-2024	L.R. Date	09-01-2024
P.O. No.	24807	Cases	2
P.O. Date	05-01-2024	Due Date	08-05-2024

BILL TO :
DCDC NAYYAR HOSPITAL AMRITSAR
DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD, State : 03
AMRITSAR , PUNJAB-143001
PHONE : 8595955923

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 03-PUNJAB

SHIPPED TO
Name :- NAYYAR HOSPITAL
Address:- DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD, AMRITSAR
PUNJAB - 143001
NUMBER :- 8595955923

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)		6					0.00	230.00	0.00	12.00	165.60	0.00	0.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		100		0.00			0.00	1.50	0.00	5.00	7.50	0.00	0.00
3	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	1		51310023		9/28	0.00	175.00	0.00	12.00	21.00	0.00	0.00
4	9018	IV SET-ECO		150		HCR23016		6/26	0.00	6.50	0.00	12.00	117.00	0.00	0.00
5	40151900	ROYAL GLOVES (RUBBER GLOVES)		2		0.00			0.00	42.00	0.00	18.00	15.12	0.00	0.00
6	9018	SHARP CONTAINER PLASTIC 3LTR		2		0.00			0.00	150.00	0.00	12.00	36.00	0.00	0.00
7	996812	Add FREIGHT CHARGES		2		0.00			0.00	865.00	0.00	18.00	155.70	0.00	0.00

Stock/No. of Boxes Received 2 Box
Subject to Physical Check.
Name/Employee Code Vijay Singh P. 02507
Centre Name Nayyar Hospital
Date/Time 31.1.24 11AM
Signature [Signature] 8595955923



CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	150.00	0.00	0.00	7.50	0.00	7	261	3929.00
IGST 12.00%	2830.00	0.00	0.00	339.60	0.00			DIS AMT. 0.00
IGST 18.00%	949.00	0.00	0.00	170.82	0.00			IGST PAYBLE 517.92
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	3929.00	0.00	0.00	517.92	0.00			Round off 0.08
								CR/DR NOTE 0.00
								0.00
								0.00

Rs. Four Thousand Four Hundred Forty Seven Only

OUR BANK DETAILS AS :-

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

FOR ANIL PHARMA

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.

Authorised Signatory

Grand Total

4447.00