

Duplicate for Transporter

**GST INVOICE**

**BILL TO :**

DCDC, CIVIL HOSPITAL, AMBALA  
CIVIL HOSPITAL DIALYSIS UNIT  
PURUSHOTTAM CHOWK, JAGADHRI ROAD State - 06  
AMBALA CANTT-133001  
PHONE : 8506000682



**ANIL PHARMA**

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

**SHIPPED TO**

CIVIL HOSPITAL  
DIALYSIS UNIT, CIVIL HOSPITAL  
JAGADHARI ROAD, PARSHURAM CHOWK  
AMBALA CANT, HARYANA - 133001  
NUMBER :- 8506000682

Invoice No	A001699	Bill No.	
Invoice Date	17-01-2024	L.R. Date	17-01-2024
P.O. No.	24770	Cases	0
P.O. Date	06-01-2024	Due Date	16-05-2024

Transport :- BY HAND  
E-WAY BILL NO :-  
VEHICLE NO :-  
STATION :- 06-HARYANA

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			0.00	230.00	0.00	12.00	1380.00	0.00	11500.00	
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00	
3	30059040	FITSULA OFF KIT		1000		0.00			0.00	7.85	0.00	12.00	942.00	0.00	7850.00	
4	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		100		0.00	6/25		0.00	5.10	0.00	12.00	61.20	0.00	510.00	
5	30049068	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE-82	10/25		0.00	230.00	0.00	12.00	27.60	0.00	230.00	
6	3004	INJ FRUSAMIDE 1*50 (R) / LASI	1*50	1		FW-125	3/25		0.00	165.00	0.00	12.00	19.80	0.00	165.00	
7	3004	INJ PANTAPROZOLE 40MG		100		MH232418	9/25		0.00	14.30	0.00	12.00	171.60	0.00	1430.00	
8	3005	MICROPORE 3"		60		281222	11/26		0.00	75.00	0.00	12.00	540.00	0.00	4500.00	
9	30049082	POVINANZ M/B POWDER		150		NO130000	7/26		0.00	15.00	0.00	12.00	270.00	0.00	2250.00	
10	9018	SHARP CONTAINER PLASTIC 3LTR		10		0.00			0.00	150.00	0.00	12.00	180.00	0.00	1500.00	
11	3901	SHOE COVER		500		0.00			0.00	1.95	0.00	18.00	175.50	0.00	975.00	
12	9018	SUPERLIFE 10ML		20		SR1023	9/28		0.00	175.00	0.00	12.00	420.00	0.00	3500.00	
13	30049068	TAB BIOCETAMOL 500MG		20		CP1V513	10/23		0.00	9.50	0.00	12.00	22.80	0.00	190.00	
14	995812	Add FREIGHT CHARGES		20					0.00	1690.00	0.00	18.00	304.20	0.00	1690.00	
<b>TOTAL</b>											<b>37040.00</b>	<b>4552.20</b>	<b>4552.20</b>	<b>37040.00</b>	<b>0.00</b>	<b>0.00</b>

Rs. Forty One Thousand Five Hundred Ninety Two Only

**OUR BANK DETAILS AS :-**  
Bank Name : UJJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
IFSC Code : UJVN0002207

FOR ANIL PHARMA

DCDC HOSPITAL-CIVIL HOSPITAL, AMBALA CANTT.  
**MATERIAL RECEIVED**

DATE: 19/01/24

TIME: 1:00 PM RECEIVED BY: *[Signature]* Authorised Signatory

**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.

Grand Total  
41592.00