



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

Invoice No	A001632	Bill No.	
Invoice Date	09-01-2024	L.R. Date	09-01-2024
P.O. No.	24696	Cases	1
P.O. Date	05-01-2024	Due Date	08-05-2024

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

Extra Copy

BILL TO :

DCDC AREA HOSPITAL VEMULAWADA
DCDC DIALYSIS CENTER, AREA HOSPITAL
VEMULAWADA, RAJANNA SIRCHILLA DIST State : 36
TELANGANA - 505302
PHONE. : 8588850032

SHIPPED TO

Name :- AREA HOSPITAL
Address:- DIALYSIS UNIT, AREA HOSPITAL
DIST- RAJANNA SIRCHILLA, VEMULAWADA
TELANGANA - 505302
NUMBER :- 9676237955

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	3		51510023		11/27	0.00	195.00	0.00	12.00	70.20	0.00	585.00
2	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	6		51310023		9/28	0.00	175.00	0.00	12.00	126.00	0.00	1050.00
3	996812	Add FREIGHT CHARGES							0.00	850.00	0.00	18.00	153.00	0.00	850.00



Received
Date: 24/01/24

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	1635.00	0.00	0.00	196.20	0.00	196.20
IGST 18.00%	850.00	0.00	0.00	153.00	0.00	153.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2485.00	0.00	0.00	349.20	0.00	349.20

TOTAL	2485.00
DIS AMT.	0.00
IGST PAYBLE	349.20
PAYBLE	0.00
Round off	-0.20
CR/DR NOTE	0.00
	0.00

Rs. Two Thousand Eight Hundred Thirty Four Only

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

Authorised Signatory

Grand Total

2834.00