



# 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

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

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

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	4015	EXAM GLOVES (M)		50					0.00	230.00	0.00	12.00	1380.00	0.00	0.00	11500.00

DCDC HSPL CENTRE-KORUTLA, TELANGANA  
**MATERIAL RECEIVED**

DATE... 19/12/2023  
TIME... 12:26 PM  
RECEIVED BY... *[Signature]*

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		11500.00
IGST 12.00%	11500.00	0.00	0.00	1380.00	0.00			DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	1380.00			IGST PAYBLE 1380.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
<b>TOTAL</b>	11500.00	0.00	0.00	1380.00	0.00			Round off 0.00
					1380.00			CR/DR NOTE 0.00
								<b>0.00</b>

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

### 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

12880.00