

Original for Buyer

GST INVOICE

BILL TO :
DCDC REGIONAL HOSPITAL UNA
REGIONAL HOSPITAL UNA, HAMIRPUR ROAD
UNA, HP State : 02

PHONE : 8506007744

SHIPPED TO

Name :-

Address :-

NUMBER :-

Invoice No	A001165	Bill No.	31-10-2023
Invoice Date	31-10-2023	L.R. Date	0
P.O. No.	23937	Cases	0
P.O. Date		Due Date	28-02-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO :-

STATION :- 02-HIMACHAL PRADES

ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name
1	4015	EXAM GLOVES

DCDC HSP CENTRE-REGIONAL HOSPITAL, UNA
MATERIAL RECEIVED

DATE: 31/10/23

TIME: 1:00 Pm. RECEIVED BY: [Signature]

Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
	30					0.00	2.30	0.00	12.00	8.28	0.00	69.00
TOTAL IGST										TOTAL	69.00	

DIS AMT.	0.00
IGST PAYABLE	8.28
PAYABLE	0.00
Round off	-0.28
CR/DR NOTE	0.00
	0.00

FOR ANIL PHARMA

Authorised Signatory

Grand Total

77.00

OUR BANK DETAILS AS :-

Rs. Seventy Seven Only
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.