



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	A000165	L.R. No.	
Invoice Date	12-05-2023	L.R. Date	12-05-2023
P.O. No.	22533-1	Cases	0
P.O. Date	05-05-2023	Due Date	09-09-2023

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

Duplicate for Transporter

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

SHIPPED TO
 Name :- NAYYAR HOSPITAL
 ADDRESS :- DIALYSIS UNIT, NAYYAR HOSPITAL
 3, DASONDA 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 LATEX		4					0.00	230.00	0.00	12.00	110.40	0.00	920.00
2	9018	HMD KIT KATH 16NO		200		23723N	11/22	8/27	0.00	8.00	0.00	12.00	192.00	0.00	1600.00
3	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	1		51812022	1/23	11/27	0.00	195.00	0.00	12.00	23.40	0.00	195.00
4	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	1		6302023	3/23	1/28	0.00	175.00	0.00	12.00	21.00	0.00	175.00
5	3005	IV SET-ECO		50		23020055C		1/26	0.00	6.50	0.00	12.00	39.00	0.00	325.00
6	30049087	MICROPORE 3"		8		2302282		1/26	0.00	75.00	0.00	12.00	72.00	0.00	600.00
7	4015	POVINANZ M/B POWDER		5		PNP-009	2/23	12/25	0.00	15.00	0.00	12.00	9.00	0.00	75.00
8	4015	SURGICAREGLOVES 7.5		150		0.00			0.00	16.00	0.00	12.00	288.00	0.00	2400.00
9	996812	Add FREIGHT CHARGES				0.00			0.00	390.00	0.00	18.00	70.20	0.00	390.00

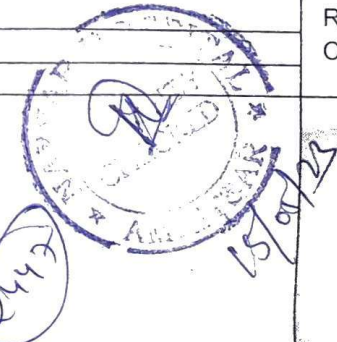
Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No.

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	9		6680.00
IGST 12.00%	6290.00	0.00	0.00	754.80	0.00			DIS AMT. 0.00
IGST 18.00%	390.00	0.00	0.00	70.20	0.00			IGST PAYBLE 825.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	6680.00	0.00	0.00	825.00	0.00			Round off 0.00
								CR/DR NOTE 0.00
								0.00

Rs. Seven Thousand Five Hundred Five Only
BANK DETAILS AS :-
 Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 Code : UJVN0002207

FOR ANIL PHARMA

 Authorised Signatory



Grand Total
7505.00