

24131

GST INVOICE

Duplicate for Transporter



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

Invoice No	A001200	Bill No.	
Invoice Date	14-11-2023	L.R. Date	14-11-2023
P.O. No.	24131	Cases	0
P.O. Date	06-11-2023	Due Date	13-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :- 06-HARYANA			

BILL TO :
DCCD CIVIL HOSPITAL KAITHAL
CIVIL HOSPITAL KAITHAL
HARYANA-136027 State : 06
PHONE : 9729646548

SHIPPED TO
Name :- CIVIL HOSPITAL
Address:- DIALYSIS UNIT, CIVIL HOSPITAL
HUDA SECTOR 18, PATTI GADAR
KAITHAL, HARYANA - 136027
NUMBER :- 8506000651

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mtg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount		
1	90189029	BLUE PUNCTURE 10LTR		10					0.00	240.00	0.00	12.00	288.00	0.00	2400.00		
2	3004	CIPCLADINE OINTMENT		20		140		5/25	0.00	19.00	0.00	12.00	45.60	0.00	380.00		
3	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	8		34707023		6/28	0.00	175.00	0.00	12.00	168.00	0.00	1400.00		
4	3004	INJ CARNIXOL		600		AN23196A		7/25	0.00	19.65	0.00	12.00	1414.80	0.00	11790.00		
5	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE-90		3/25	0.00	230.00	0.00	12.00	27.60	0.00	230.00		
6	9018	IV SET-ECO		300		HCR23008		5/26	0.00	6.50	0.00	12.00	234.00	0.00	1950.00		
7	3005	MICROPORE 3"		80		2310151		9/26	0.00	75.00	0.00	12.00	90.00	0.00	6000.00		
8	30049087	POVINANZ M/B POWDER		50		NO130500		7/26	0.00	15.00	0.00	12.00	90.00	0.00	750.00		
9	9018	SHARP CONTAINER PLASTIC 3LTR		10					0.00	150.00	0.00	12.00	180.00	0.00	1500.00		
10	4015	SURGCARE GLOVES 6.50 NO		50					0.00	16.00	0.00	12.00	96.00	0.00	800.00		
11	995812	Add FREIGHT CHARGES	1*25						0.00	1450.00	0.00	18.00	261.00	0.00	1450.00		
TOTAL													28650.00	0.00	3525.00	0.00	3525.00

Rs. Thirty Two Thousand One Hundred Seventy Five Five Only

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

Stock/No. of Boxes Received 3
Subject to Physical Check
Name/Employer Code : Manual Doc 2754
Centre Name : DCCD, Civil Hospital
Date/Time : 16/11/23 5:00 PM
Signature : M. No. 9199646548

FOR ANIL PHARMA

Grand Total
32175.00



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.