



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	A001201	Bill No.	
Invoice Date	14-11-2023	L.R. Date	14-11-2023
P.O. No.	24302	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 :
 DCCDC CIVIL HOSPITAL KATHAL
 CIVIL HOSPITAL KATHAL
 HARYANA-136027 State 06
 PHONE: 9729646548

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

S/N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
✓	4015	EXAM GLOVES (M)		60					0.00	230.00	0.00	12.00	1656.00	0.00	13800.00
		TOTAL													13800.00

Stock No. of Boxes Received **3 (Three)**
 Subject to Physical Check
 Name/Employee Code
 Centre Name (ACCDC)
 Date/Time
 Signature M. No.

Rs. Fifteen Thousand Four Hundred Fifty Six Only

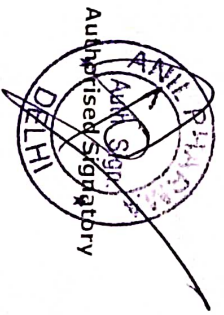
OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 IFSC Code : UJVW0002207

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



Grand Total

15456.00