



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

BILL TO :

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

Invoice No	A000994	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23609	Cases	0
P.O. Date	19-09-2023	Due Date	17-01-2024

Transport :-
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

Handwritten signature

DCDC HSPL CENTRE-KORUTLA, TELANGANA
MATERIAL RECEIVED
DATE 29/9/23
TIME 11:00 AM RECEIVED BY *[Signature]*

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	30049099	INJ HOSTRANIL 25000 IU		250		HIME23010A		5/25	0.00	130.00	0.00	12.00	3900.00	0.00	0.00	32500.00
2	996812	Add FREIGHT CHARGES							0.00	900.00	0.00	18.00	162.00	0.00	0.00	900.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	
IGST 12.00%	32500.00	0.00	0.00	3900.00	3900.00	
IGST 18.00%	900.00	0.00	0.00	162.00	162.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	
TOTAL	33400.00	0.00	0.00	4062.00	4062.00	

Total Items :- 2
Total Qty :- 250

TOTAL	33400.00
DIS AMT	0.00
IGST PAYBLE	4062.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Thirty Seven Thousand Four Hundred Sixty Two 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

37462.00

Part - A Slip

Unique No.	7213 6884 7493
Entered Date	23/09/2023 03:02 PM
Entered By	07AAP PG629 1A1ZR - ANIL PHARMA
Valid From:	Not Valid for Movement as Part B is not entered [1429Kms]
Part - A	
GSTIN of Supplier	07AAPP6291A1ZR,ANIL PHARMA
Place of Dispatch	ADARSH NAGAR,DELHI-110033
GSTIN of Recipient	URP ,DCDC CHC HOSPITAL KORUTLA
Place of Delivery	KORUTLA,TELANGANA-505326
Document No.	A000994
Document Date	19/09/2023
Transaction Type:	Regular
Value of Goods	37462
HSN Code	30049099 - INJ HOSTRANIL 25000 IU(+1)
Reason for Transportation	Outward - Supply
Transporter	06AAPCS9575E1ZR & DELHIVERY PRIVATE LIMITED



721368847493