

Extra Copy

GST INVOICE



NIL PHARMA

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BILL TO :
 CDC DISTRICT HOSPITAL LALITPUR
 DISTRICT HOSPITAL, DIALYSIS UNIT
 MANYAWAR KANSHIRAM JOINT DISTRICT State : 09
 HOSPITAL, CIVIL LINES, LALITPUR,
 PHONE : 8770441244

Invoice No	A001482	Bill No.	14-12-2023
Invoice Date	14-12-2023	L.R. Date	14-12-2023
P.O. No.	24502	Cases	0
P.O. Date	07-12-2023	Due Date	12-04-2024

Transport :- DELIVERY PRIVATE LIMITED
 E-WAY BILL NO :-
 VEHICLE NO. :-
 STATION :- 09-UTTAR PRADESH

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, MANYAWAR KANSHIRAM
 JOINT DISTRICT HOSPITAL, CIVIL LINES
 LALITPUR, UTTAR PRADESH - 284403
 NUMBER :- 8770441244

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
3004	CIPCLADINE OINTMENT		20		140		5/25	0.00	19.00	0.00	12.00	45.60	0.00	380.00
3005	DYNAPLAST		10		0.00			0.00	149.50	0.00	12.00	179.40	0.00	1495.00
4015	EXAM GLOVES (M)		20		0.00			0.00	230.00	0.00	12.00	552.00	0.00	4600.00
63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00
9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		51510023		11/27	0.00	195.00	0.00	12.00	117.00	0.00	975.00
9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		51010023		9/28	0.00	175.00	0.00	12.00	420.00	0.00	3500.00
3004	INJ BIOCEAMOL (PYREMOL) 2ML 1		100		193011		6/25	0.00	5.10	0.00	12.00	61.20	0.00	510.00
3004	INJ HYDROCORTISONE 100MG (EFFCO		50		MN23205A		8/25	0.00	23.50	0.00	5.00	58.75	0.00	1175.00
3004	INJ PANTAPROZOLE 40MG		50		MN23204B		8/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00
30049039	INJ REVIL		100		W011		12/24	0.00	3.30	0.00	12.00	39.60	0.00	330.00
3808	KLACII LIQUID HAND SANITIZER 5		5		HS054L		7/26	0.00	580.00	0.00	18.00	522.00	0.00	2900.00
30049087	POVINANZ M/B POWDER		20		N0130500			0.00	15.00	0.00	12.00	36.00	0.00	300.00
4015	SURGICARE GLOVES 6.50 NO	1*25	100		0.00			0.00	16.00	0.00	12.00	192.00	0.00	1600.00
996642	ADD FREIGHT CHARGES							0.00	1785.00	0.00	18.00	321.30	0.00	1785.00
TOTAL												TOTAL		21015.00
DISCOUNT										Total Items :- 14		DIS AMT.		0.00
IGST										Total Qty :- 1000		IGST PAYABLE		2668.15
SCHEME												PAYABLE		0.00
TOTAL												Round off		-0.15
DISCOUNT												CR/DR NOTE		0.00
IGST														0.00
SCHEME														0.00
TOTAL														0.00

Subject to Physical Check
 No. of Boxes Received
 Date/Time
 Signature
FOR ANIL PHARMA
 Employee Code
 Centre Name
 Date/Time
 Signature
Authorised Signatory

Grand Total
 23683.00

Terms & Conditions
 Goods once sold will not be taken back or exchanged.
 Not paid due date will attract 24% interest.
 Disputes subject to Jurisdiction only.