

Duplicate for Transporter

GST INVOICE

BILL TO :

DCDC GOVT. POLYCLINIC KURUKSHETRA
GOVERNMENT POLYCLINIC UMARI ROAD
SECTOR-4, KURUKSHETRA State : 06
HARYANA-136118
PHONE : 7015874488

SHIPPED TO
Name :- GOVT. POLYCLINIC
ADDRESS :- DIALYSIS UNIT, GOVT. POLYCLINIC
UNARI ROAD, SECTOR -04
KURUKSHETRA, HARYANA - 136118
NUMBER :- 8860258930

Invoice No	A000421	L.R. No.	
Invoice Date	21-06-2023	L.R. Date	21-06-2023
P.O. No.	22870-1	Cases	0
P.O. Date	07-06-2023	Due Date	19-10-2023

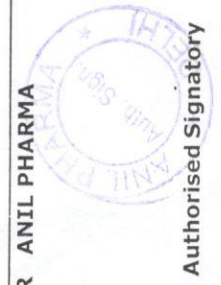
Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 06-HARYANA



NIL PHARMA

58, RAJAN BABU ROAD,
PARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
E-Mail : 20B-137393 \ 21B-137394
GSTIN : 07AAAPPG6291A1ZR
Mail : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount					
4015	EXAM GLOVES (M)	1*20	10		317503WJR1		3/28	0.00	230.00	0.00	12.00	276.00	0.00	2300.00					
9018	HMD 50ML SYRINGE	1*100	3		19104023		3/28	0.00	640.00	0.00	12.00	230.40	0.00	1920.00					
9018	HYPODERMIC STERILE SYRINGE 5ML	1*50	5		18704023		3/28	0.00	195.00	0.00	12.00	117.00	0.00	975.00					
9018	HYPODERMIC STERILE SYRINGE 10M	1*50	6		L830100		1/26	0.00	175.00	0.00	12.00	126.00	0.00	1050.00					
30049091	INJ ASTHALIN RESPULES		40		HCR23007		4/26	0.00	5.30	0.00	12.00	25.44	0.00	212.00					
9018	IV SET-ECO		300					0.00	6.50	0.00	12.00	234.00	0.00	1950.00					
<p><i>26 No - Needle @ Box</i></p> <p><i>Stock/No. of Boxes Received ... 18</i></p> <p><i>Subject to Physical Check</i></p> <p><i>Name/Employee Code . D. C. 2625</i></p> <p><i>Centre Name : Kurukshetra</i></p> <p><i>Date/Time : 21-06-23</i></p> <p><i>Signature : [Signature]</i></p>																			
CLASS										TOTAL		DISCOUNT		IGST		TOTAL IGST		TOTAL	
GST 5.00%										0.00		0.00		0.00		0.00		8407.00	
GST 12.00%										8407.00		0.00		1008.84		1008.84		DIS AMT.	
GST 18.00%										0.00		0.00		0.00		0.00		IGST PAYABLE	
GST 28 %										0.00		0.00		0.00		0.00		PAYABLE	
TOTAL										8407.00		0.00		1008.84		1008.84		Round off	
																		CR/DR NOTE	
																		0.16	
																		0.00	
																		0.00	
																		0.00	



FOR ANIL PHARMA

Authorised Signatory

FOR BANK DETAILS AS :-

Branch Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
C Code : UJVN0002207

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Interest is not paid due date will attract 24% interest.
Disputes subject to Jurisdiction only.

Grand Total

9416.00