



# ANIL PHARMA

-58, RAJAN BABU ROAD,  
DARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
L.No. : 208-137393 \ 21B-137394  
STIN : 07AAPP66291A1ZR  
-Mail : anilpharma1997@gmail.com

## GS1 INVOICE

Invoice No	A000435
Invoice Date	21-06-2023
P.O. No.	22788-1
P.O. Date	06-06-2023
Transport :-	
E-WAY BILL NO :-	
VEHICLE NO. :-	
STATION :-	06-HARYANA

L.R. No.	
L.R. Date	21-06-2023
Cases	0
Due Date	19-10-2023

**BILL TO :**  
DCDC 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

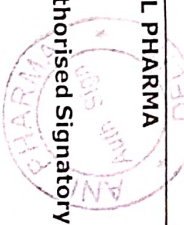
HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
90189099	BLUE PUNCTURE 10LTR		5		0.00			0.00	240.00	0.00	12.00	144.00	0.00	1200.00
3005	DYNAPLAST		5		0.00			0.00	149.50	0.00	12.00	89.70	0.00	747.50
3004	ECCG JELLY 250ML		1		E/0523		4/25	0.00	15.00	0.00	12.00	1.80	0.00	15.00
9018	ET TUBE 6.5NO		50					0.00	65.00	0.00	12.00	390.00	0.00	3250.00
9018	ET TUBE 6NO		50					0.00	70.00	0.00	12.00	420.00	0.00	3500.00
9018	ET TUBE 8.5		48		0.00			0.00	65.00	0.00	12.00	374.40	0.00	3120.00
9018	ET TUBE 8NO		21		SZ1072673		6/26	0.00	65.00	0.00	12.00	163.80	0.00	1365.00
4015	EXAM GLOVES (M)		60		0.00			0.00	230.00	0.00	12.00	1656.00	0.00	13800.00
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	HMD 20ML SYRINGE		1		316205J2		3/28	0.00	640.00	0.00	12.00	76.80	0.00	640.00
9018	HYPODERMIC STERILE SYRINGE 5ML		3		19104023		3/28	0.00	195.00	0.00	12.00	70.20	0.00	585.00
9018	HYPODERMIC STERILE SYRINGE 10ML		10		18704023		3/28	0.00	175.00	0.00	12.00	210.00	0.00	1750.00
3004	INJ ADRENALINE1ML 1*50(R)		1		AD194		7/24	0.00	245.00	0.00	12.00	29.40	0.00	245.00
30043918	INJ MEPEDEX ( DEXA )		50		NN231168		4/25	0.00	7.00	0.00	12.00	42.00	0.00	350.00
30049099	INJ MIDAZOLAM 10ML (MIDFIX)		20		SH4220098		4/24	0.00	45.50	0.00	12.00	109.20	0.00	910.00
9018	IV SET-ECO		700		HCR23007		4/26	0.00	6.50	0.00	12.00	546.00	0.00	4550.00
3005	MICROPORE 3"		40		2305044		4/26	0.00	75.00	0.00	12.00	360.00	0.00	3000.00
90192090	POWER DROOL (T-PEICE WITH NEB		1		13230440711		3/28	0.00	110.00	0.00	12.00	13.20	0.00	110.00
<b>CLASS</b>	<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>BATCH</b>	<b>MFG</b>	<b>EXP</b>	<b>M.R.P</b>	<b>RATE</b>	<b>DIS</b>	<b>IGST</b>	<b>VALUE</b>	<b>VALUE</b>	<b>AMOUNT</b>
IGST 5.00%	750.00	0.00	0.00	37.50				0.00						
IGST 12.00%	39137.50	0.00	0.00	4696.50				0.00						
IGST 18.00%	0.00	0.00	0.00	0.00				0.00						
IGST 28 %	0.00	0.00	0.00	0.00				0.00						
<b>TOTAL</b>	<b>39887.50</b>	<b>0.00</b>	<b>0.00</b>	<b>4734.50</b>				<b>0.00</b>	<b>4734.00</b>	<b>0.00</b>	<b>12.00</b>	<b>4734.00</b>	<b>0.00</b>	<b>39887.50</b>

Rs. Forty Seven Thousand Four Hundred Seventy Three Only

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only  
Bills not paid due date will attract 24% interest  
Subject to Physical Check

Name/Employee Code : Manu Ramad...  
Centre Name : D.C.D.C. S.H. Kaitthal  
Date/Time : 26/6/23 4:50 PM  
Signature : Manu Ramad... M. No. 9350451711



FOR ANIL PHARMA  
Authorised Signatory

Continue Page.. 2



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
 ADARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 D.L.No. : 20B-137393 \ 21B-137394  
 GSTIN : 07AAPPG6291A1ZR  
 E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Page No : 2

Duplicate for Transporter

Invoice No	A000435	L.R. No.	
Invoice Date	21-06-2023	L.R. Date	21-06-2023
P.O. No.	22788-1	Cases	0
P.O. Date	06-06-2023	Due Date	19-10-2023

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**  
 CIVIL HOSPITAL  
 DIALYSIS UNIT, CIVIL HOSPITAL  
 ADDRESS :- HUDA SECTOR 18, PATTI GADAR  
 KAITHAL, HARYANA - 136027  
 NUMBER :- 8506000651

S/N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
19	9018	RMS SUCTION CATHETER PLAIN FG-		20		3220910590	2/23	8/27	0.00	8.90	0.00	12.00	21.36	0.00	0.00
20	9018	SHARP CONTAINER PLASTIC 3LTR		5		0.00			0.00	150.00	0.00	12.00	90.00	0.00	750.00
21	3005	SUCTION CATHETER 14		2		G230211041		1/28	0.00	8.90	0.00	12.00	2.14	0.00	17.80
22	4015	SURGICARE GLOVES 7NO		100		0.00			0.00	16.00	0.00	12.00	192.00	0.00	1600.00
<b>TOTAL</b>													<b>39887.5</b>		

Stock/No. of Boxes Received ..... 6  
 Subject to Physical Check  
 Name/Employee Code : Manu, Barwal, 01027549  
 Centre Name : D.C.Dr. C.M. Kaithal  
 Date/Time : 26.06.23, 4:50 PM  
 Signature : Manu, Barwal, M. No. 9350451371

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DIS AMT.	IGST PAYABLE	CRDR NOTE
IGST 5.00%	750.00	0.00	0.00	37.50	37.50	0.00	0.00	0.00
IGST 12.00%	41683.30	0.00	0.00	5002.00	5002.00	0.00	5039.50	0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.20
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>42433.30</b>	<b>0.00</b>	<b>0.00</b>	<b>5039.50</b>	<b>5039.50</b>	<b>0.00</b>	<b>5039.50</b>	<b>0.00</b>

Rs. Forty Seven Thousand Four Hundred Seventy Three Only  
**OUR BANK DETAILS AS :-**  
 Bank Name : UJJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 IFSC Code : UJVN0002207

FOR ANIL PHARMA  
 Authorised Signatory

Grand Total

47473.00

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