



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

Invoice No	A000639	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23334	Cases	0
P.O. Date	07-08-2023	Due Date	07-12-2023

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

DCDC DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER, DDISTRICT HOSPITAL
VILLAGE MOMMONM DIST. KASGANJ State : 09
UTTAR PRADESH-207123
PHONE. : 9584802753

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
VILLAGE MAMMON, NEAR DISTRICT COURT
KASGAN, UTTAR PRADESH - 207123
NUMBER :- 9584802753

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	90189029	BLUE PUNCTURE 10LTR		6					0.00	240.00	0.00	12.00	172.80	0.00	0.00	1440.
2	6210	BUFFANT CAP		500		0 00			0.00	0.90	0.00	5.00	22.50	0.00	0.00	450.
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		800		0 00			0.00	1.50	0.00	5.00	60.00	0.00	0.00	1200.
4	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	14		23405023		4/28	0.00	175.00	0.00	12.00	294.00	0.00	0.00	2450.
5	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		Q22AM065		1/24	0.00	5.10	0.00	12.00	30.60	0.00	0.00	255.
6	3004	INJ CARNIXOL		50		MN23081A		3/25	0.00	19.65	0.00	12.00	117.90	0.00	0.00	982
7	3004	INJ PANTAPROZOLE 40MG		50		23GF07M		5/25	0.00	14.30	0.00	12.00	85.80	0.00	0.00	715
8	3005	MICROPORE 3"		40		2307083		6/26	0.00	75.00	0.00	12.00	360.00	0.00	0.00	3000
9	9018	SHARP CONTAINER PLASTIC 3LTR		5		0 00			0.00	150.00	0.00	12.00	90.00	0.00	0.00	750
10	30049069	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	11.40	0.00	0.00	95
11	30049039	TAB PEPTILCER40 MG (PANTOSEC)		25		SPA230898		3/25	0.00	34.25	0.00	12.00	102.75	0.00	0.00	856
12	996812	Add FREIGHT CHARGES							0.00	1230.00	0.00	18.00	221.40	0.00	0.00	1230

Stock/No. of Boxes Received 2
Subject to Physical Check
Name/Employee Code Valid / DC02168
Centre Name DCDC District Hospital Kasganj
Date/Time 07/08/23
Signature [Signature]
M. No. 9584802753


CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1650.00	0.00	0.00	82.50	82.50	0
IGST 12.00%	10543.75	0.00	0.00	1265.25	1265.25	1569
IGST 18.00%	1230.00	0.00	0.00	221.40	221.40	C
IGST 28 %	0.00	0.00	0.00	-0.00	0.00	C
TOTAL	13423.75	0.00	0.00	1569.15	1569.15	C

Rs. Fourteen Thousand Nine Hundred Ninety Three 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


Authorized Signatory

TOTAL 13423

DIS AMT. 0
IGST PAYBLE 1569
PAYBLE C
Round off C
CR/DR NOTE C

Grand Total
14993.00



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VILLAGE MOMMONM DIST. KASGANJ State : 09
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VILLAGE MAMMON , NEAR DISTRICT COURT
KASGANJ , UTTAR PRADESH - 207123
NUMBER :- 9584802753

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		70		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1092.00	0.00	9100.00

Subj. to Physical Check
Name Employee Code
Centre Name
Date/Time
Signature M. No.

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	70	9100.00
IGST 12.00%	9100.00	0.00	0.00	1092.00	0.00			DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			IGST PAYBLE 1092.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	9100.00	0.00	0.00	1092.00	0.00			Round off 0.00
					1092.00			CR/DR NOTE 0.00
								0.00
								0.00

Rs. Ten Thousand One Hundred Ninety Two Only

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FOR ANIL PHARMA

Authorized Signatory

Grand Total

10192.00

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