



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	A000114	L.R. No.	
Invoice Date	24-04-2023	L.R. Date	24-04-2023
P.O. No.	22367-1	Cases	0
P.O. Date	06-04-2023	Due Date	22-08-2023

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

Duplicate for Transporter

BILL TO :
DCDC DISTRICT HOSPITAL MAHOBA
DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR ROADWAYS BUS STAND State : 09
GANDHI NAGAR MAHOBA , UP-210427
PHONE. : 7415195980

SHIPPED TO

Name :- DISTRICT HOSPITAL
ADDRESS :- DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR ROADWAYS BUS STAND GANDHI
MAHOBA , UTTAR PRADESH - 210427
NUMBER :- 7415195980

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES LATEX		60					0.00	230.00	0.00	12.00	1656.00	0.00	0.00
2	30059040	FITSULA OFF KIT		100		0.00			0.00	8.00	0.00	12.00	96.00	0.00	0.00
3	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	3		51812022	1/23	11/27	0.00	195.00	0.00	12.00	70.20	0.00	0.00
4	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		6302023	3/23	1/28	0.00	175.00	0.00	12.00	420.00	0.00	0.00
5	3005	MICROPORE 3"		100		2302279	3/23	1/26	0.00	75.00	0.00	12.00	900.00	0.00	0.00
6	3924	POLY APPRON		200		0.00			0.00	8.00	0.00	18.00	288.00	0.00	0.00
7	3901	SHOE COVER		1000		0.00			0.00	1.95	0.00	18.00	351.00	0.00	0.00
8	996812	Add FREIGHT CHARGES							0.00	1570.00	0.00	18.00	282.60	0.00	0.00

Stock/No. of Boxes Received 5
Subject to Physical Check
Name/Employee Code *Abhishek S. Sikerwal*
Centre Name *Mahoba*
Date/Time *24-4-23*
Signature *[Signature]* M. No. *7415195980*

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	
IGST 12.00%	26185.00	0.00	0.00	3142.20	3142.20	
IGST 18.00%	5120.00	0.00	0.00	921.60	921.60	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	
TOTAL	31305.00	0.00	0.00	4063.80	4063.80	

Rs. Thirty Five Thousand Three Hundred Sixty Nine Only

OUR BANK DETAILS AS :-

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

Dr.
MBBS/BAMS
Reg. No.
DMO (Dept. of Nephrology)
C/o DCDC Health Service Pvt. Ltd.
District Hospital Mahoba

FOR ANIL PHARMA



Authorised Signatory

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.

TOTAL 3
DIS AMT.
IGST PAYBLE
PAYBLE
Round off
CR/DR NOTE

Grand Total

35369.0