

Duplicate for Transporter

GST INVOICE

BILL TO :

DCDC DISTRICT HOSPITAL SULTAN PUR
DISTRICT HOSPITAL SULTANPUR
FAIZABAD-SULTAN PUR ROAD, State : 09
MAJAR GANJ , SULTAN PUR
PHONE : 8574571722

Invoice No	A000968	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23746	Cases	0
P.O. Date	07-09-2023	Due Date	17-01-2024

SHIPPED TO

DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
FAIZABAD - SULTANPUR ROAD, MAJAR GANJ
SULTANPUR, UTTAR PRADESH - 228001
NUMBER :- 8574571722

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



ANIL PHARMA

8, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
No. : 20B-137393 \ 21B-137394
TIN : 07AAPPG6291A1ZR
Email : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
9018	DIAL CHECK-ANEROID SPHYG (BP)		1		0.00			0.00	950.00	0.00	12.00	114.00	0.00	950.00

Stock/No. of Boxes Received 100 Pcs.
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 11/25/23
Signature M. No. 8574571722

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
SST 5.00%	0.00	0.00	0.00	0.00	0.00	1	DIS AMT. 0.00
SST 12.00%	950.00	0.00	0.00	114.00	114.00	1	IGST.PAYBLE 114.00
SST 18.00%	0.00	0.00	0.00	0.00	0.00		PAYBLE 0.00
SST 28.00%	0.00	0.00	0.00	0.00	0.00		Round off 0.00
TOTAL	950.00	0.00	0.00	114.00	114.00		CR/DR NOTE 0.00
							950.00



FOR ANIL PHARMA

Authorised Signatory

Grand Total
1064.00

BANK DETAILS AS :-
Bank 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.
Not paid due date will attract 24% interest.
Disputes subject to Jurisdiction only.