



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	A001407	Bill No.	
Invoice Date	26-11-2023	L.R. Date	26-11-2023
P.O. No.	24190	Cases	0
P.O. Date	06-11-2023	Due Date	25-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :- 07-DELHI			

Duplicate for Transporter

BILL TO :
 DCDC HEALTH SERVICES PVT. LTD.
 C-185, FIRST FLOOR, MAYAPURI INDUS.
 AREA PHASE -2, MAYAPURI State : 07
 NEW DELHI-110064
 PHONE : 9811561247

SHIPPED TO
 Name :- TARAK HOSPITAL
 Address:- DIALYSIS UNIT, TARAK HOSPITAL
 C-7, JAI BHARAT ENCLAVE, NAJAFGARH RD
 DWARKA, NEW DELHI - 110059
 NUMBER :- 8929037740

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount		
1	9018	GREEN LIFE 5ML SYR		3		121023	9/28	9/28	0.00	195.00	0.00	6.00	35.10	6.00	35.10	585.00		
CLASS		TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	TOTAL Items :-		Total Qty :-		TOTAL		DIS AMT.	SGST PAYABLE	CGST PAYABLE	Round off	CR/DR NOTE
		GST 5.00%	0.00	0.00	0.00	0.00	0.00	1		3		585.00		0.00	35.10	35.10	-0.20	0.00
		GST 12.00%	585.00	0.00	35.10	35.10	70.20											
		GST 18.00%	0.00	0.00	0.00	0.00	0.00											
		GST 28 %	0.00	0.00	0.00	0.00	0.00											
TOTAL		585.00	0.00	0.00	35.10	35.10	70.20											

Stock No. of Boxes Received 3 Box.
Subject to Physical Check
Name/Employee Code Tarak Hospital
Centre Name 27/11/2023
Date/Time 12/11/2023
Signature M. No.

OUR BANK DETAILS AS :-
 Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 IFSC Code : UJVW0002207

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

 Authorised Signatory

Grand Total

655.00