

Extra Copy

GST INVOICE

BILL TO :

DCDC REGIONAL HOSPITAL UNA
REGIONAL HOSPITAL UNA , HAMIRPUR ROAD
UNA , HP State : 02

PHONE : 8506007744

SHIPPED TO

REGIONAL HOSPITAL
DIALYSIS UNIT, REGIONAL HOSPITAL
HAMIRPUR ROAD, UNA
HIMACHAL PRADESH - 174303
NUMBER :- 8506007744

Invoice No	A001471	Bill No.	
Invoice Date	14-12-2023	L.R. Date	14-12-2023
P.O. No.	24553	Cases	0
P.O. Date	08-12-2023	Due Date	12-04-2024

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 02-HIMACHAL PRADES

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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)		30					0.00	230.00	0.00	12.00	828.00	0.00	6900.00

DCDC HSPL CENTRE-REGIONAL HOSPITAL, UNA
MATERIAL-RECEIVED

DATE: 20/12/23

TIME: 6:00 PM RECEIVED BY: [Signature]

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	DIS AMT. 0.00
IGST 12.00%	6900.00	0.00	0.00	828.00	828.00	30	IGST PAYABLE 828.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		PAYABLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		Round off 0.00
TOTAL	6900.00	0.00	0.00	828.00	828.00		CR/DR NOTE 0.00
							0.00

Rs. Seven Thousand Seven Hundred Twenty Eight Only

OUR BANK DETAILS AS :-

Bank Name : UJIVAN 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

Authorised Signatory

Grand Total

7728.00