

Original for Buyer

**GST INVOICE**

**BILL TO :**  
 DCCDC AREA HOSPITAL VEMULAWADA  
 DCCDC DIALYSIS CENTER, AREA HOSPITAL  
 VEMULAWADA, RAJANNA SIRCHILLA DIST State : 36  
 TELANGANA - 505302  
 PHONE : 8588850032

**SHIPPED TO**  
 Name : AREA HOSPITAL  
 Address : DIALYSIS UNIT, AREA HOSPITAL  
 DIST- RAJANNA SIRCHILLA, VEMULAWADA  
 TELANGANA - 505302  
 NUMBER : 9676237955

**Invoice No** : A002090  
**Invoice Date** : 15-03-2024  
**P.O. No.** : 25311  
**P.O. Date** : 05-03-2024  
**Transport** :-  
**E-WAY BILL NO** :-  
**VEHICLE NO.** :-  
**STATION** :- 36-TELANGANA



**ANIL PHARMA**

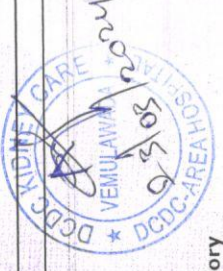
C-58, RAJAN BABU ROAD,  
 ADARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 D.L.No. : 20B-137393 \ 21B-137394  
 GSTIN : 07AAPP6291A1ZR  
 E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3005	DYNAPLAST		5					0.00	149.50	0.00	12.00	89.70	0.00	747.50
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00
3	996812	Add FREIGHT CHARGES							0.00	590.00	0.00	18.00	106.20	0.00	590.00
<b>TOTAL</b>													<b>2087.50</b>		

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	750.00	0.00	0.00	37.50	37.50	3		2087.50
IGST 12.00%	747.50	0.00	0.00	89.70	89.70	505		DIS AMT. 0.00
IGST 18.00%	590.00	0.00	0.00	106.20	106.20			IGST PAYBLE 233.40
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
<b>TOTAL</b>	<b>2087.50</b>	<b>0.00</b>	<b>0.00</b>	<b>233.40</b>	<b>233.40</b>			Round off 0.10
								CR/DR NOTE 0.00
								0.00

**OUR BANK DETAILS AS :-**  
 Bank Name : UJJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 IFSC Code : UJVN0002207

FOR ANIL PHARMA



Authorised Signatory

*Revised*

Grand Total

2321.00

**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.