



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPPG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Page No : 2

Original for Buyer

Invoice No	A001999	Bill No.	
Invoice Date	11-03-2024	L.R. Date	11-03-2024
P.O. No.	25317	Cases	2
P.O. Date	05-03-2024	Due Date	09-07-2024

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO. :-
 STATION :- 29-KARNATAKA

BILL TO :
 DCDC TALUKA HOSPITAL HALIYAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST. UTTAR KANNADA, HALIYAL State : 29
 KARNATAKA - 581329
 PHONE : 8867417094

SHIPPED TO
 TALUKA HOSPITAL
 DIALYSIS UNIT, TALUKA HOSPITAL
 DIST. UTTAR KANNADA, HALIYAL
 KARNATAKA - 581329
 NUMBER :- 8867417094

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
19	9018	VACCUTAINER PLAIN		100					0.00	5.50	0.00	12.00	66.00	0.00	0.00
20	996812	Add FREIGHT CHARGES							0.00	1890.00	0.00	18.00	340.20	0.00	0.00
TOTAL													14622.80	550.00	1890.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DIS AMT.	IGST PAYABLE	PAYABLE	Round off	CRDR NOTE
IGST 5.00%	0.00	0.00	0.00	0.00	0.00					
IGST 12.00%	15097.80	0.00	0.00	1811.74	1811.74					
IGST 18.00%	1965.00	0.00	0.00	353.70	353.70					
IGST 28 %	0.00	0.00	0.00	0.00	0.00					
TOTAL	17062.80	0.00	0.00	2165.44	2165.44					

Rs. Nineteen Thousand Two Hundred Twenty Eight Only

OUR BANK DETAILS AS :-
 Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 22071200400000335
 IFSC Code : UJJVN0002207

Terms & Conditions
 Goods once sold will not be taken back or exchanged.
 Goods not paid due date will attract 24% interest.

FOR ANIL PHARMA

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Authorized Signatory
 Date/Time
 Signature
 M. No

DCDC KIDNEY CARE HALIYAL Grand Total
 19228.00

DP ENTERPRISES
703393 B2BR
253141ND

DOC 255114180 DCDC TALUKA HOS DOC

NAME: 16453810591316
Address: HALIYAL, ANGUNDI, D.P.P (KANNADA)
DCDC TALUKA HOSPITAL, HALIYAL, ANGUNDI, D.P.P (KANNADA)
KANNADA HALIYAL, City: HALIYAL, State: KARNATAKA, PIN: 581329

GST INVOICE

Original for Buyer

Invoice No	A001999	Bill No.	
Invoice Date	11-03-2024	L.R. Date	11-03-2024
P.O. No.	25317	Cases	
P.O. Date	05-03-2024	Due Date	09-07-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO :-
STATION :- 29-KARNATAKA

BILL TO :
DCDC TALUKA HOSPITAL HALIYAL
DIALYSIS UNIT, TALUKA HOSPITAL
DIST. UTTAR KANNADA, HALIYAL State : 29
KARNATAKA - 581329
PHONE : 8867417094

SHIPPED TO
Name :- TALUKA HOSPITAL
Address:- DIALYSIS UNIT, TALUKA HOSPITAL
DIST. UTTAR KANNADA, HALIYAL
KARNATAKA - 581329
NUMBER :- 8867417094

SL	CLASS	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	VdIue	Amount
1		ACCUSURE PLUS STRIP	1*100	5		239AB020071		8/25	0.00	700.00	0.00	12.00	420.00	0.00	3500.00
2		BLUE PUNCTURE 10LTR		5					0.00	240.00	0.00	12.00	144.00	0.00	1200.00
3		DIAL CHECK-ANEROID SPHYG (BP)		1		RX01052022			0.00	850.00	0.00	12.00	102.00	0.00	850.00
4		DIGITAL THERMOMETER		1		0.00			0.00	75.00	0.00	18.00	13.50	0.00	75.00
5		DYNAPLAST		2					0.00	149.50	0.00	12.00	35.88	0.00	299.00
6		EXAM GLOVES (M)		10		51210023		11/27	0.00	230.00	0.00	12.00	276.00	0.00	2300.00
7		HYPODERMIC STERILE SYRINGE 5ML	1*100	1		68012023		11/28	0.00	195.00	0.00	12.00	23.40	0.00	195.00
8		HYPODERMIC STERILE SYRINGE 10M	1*50	3		HCR23027		12/26	0.00	175.00	0.00	12.00	63.00	0.00	525.00
9		IV SET-ECO		150		OXMA1122		10/26	0.00	6.50	0.00	12.00	117.00	0.00	975.00
10		OXYGEN MASK ADULT		2		MST-231111-2		10/26	0.00	46.60	0.00	12.00	100.66	0.00	838.80
11		PAPER TAPE 2" 9.1MTR		18		N0140108		12/26	0.00	15.00	0.00	12.00	18.00	0.00	150.00
12		POVINANZ M/B POWDER		10					0.00	950.00	0.00	12.00	114.00	0.00	950.00
13		PULSE OXYMETER		1					0.00	150.00	0.00	12.00	36.00	0.00	300.00
14		SHARP CONTAINER PLASTIC 3LTR		2					0.00	185.00	0.00	12.00	22.20	0.00	185.00
15		STETHSCOPE ASC		1					0.00	16.00	0.00	12.00	96.00	0.00	800.00
16		SURGICARE GLOVES 7NO		50					0.00	16.00	0.00	12.00	96.00	0.00	800.00
17		SURGICARE GLOVES 6.50 NO	1*25	50					0.00	16.00	0.00	12.00	96.00	0.00	800.00
18		VACCUTAINER EDTA		100					0.00	6.00	0.00	12.00	72.00	0.00	600.00
TOTAL													14622.80		14622.80
DIS AMT.															0.00
IGST PAYBLE															1759.24
PAYBLE															0.00
CRDR NOTE															0.00

Rs. Nineteen Thousand Two Hundred Twenty Eight Only

Continue Page.. 2

Terms & Conditions

Goods once sold will not be taken back or exchanged.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

FOR ANIL PHARMA

As per Invoice Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature
M No 9440873661

