



ANIL PHARMA

RAJAN BABU ROAD,
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GST INVOICE

Duplicate for Transporter

BILL TO :

DCDC DISTRICT HOSPITAL KASGANJ
 DIALYSIS CENTER, DDISTRICT HOSPITAL
 VILLAGE MOMMONM DIST. KASGANJ State : 09
 UTTAR PRADESH-207123
 PHONE. : 9584802753

Invoice No	A001682	Bill No.	
Invoice Date	13-01-2024	L.R. Date	13-01-2024
P.O. No.	24693	Cases	4
P.O. Date	05-01-2024	Due Date	12-05-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-UTTAR PRADESH

SHIPPED TO

Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
 VILLAGE MAMMON, NEAR DISTRICT COURT
 KASGANJ, UTTAR PRADESH - 207123
 NUMBER :- 9584802753

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
05	DYNAPLAST		8					0.00	149.50	0.00	12.00	143.52	0.00	0.00
15	EXAM GLOVES (M)		40					0.00	230.00	0.00	12.00	1104.00	0.00	0.00
04	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		I3G011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	0.00
04	INJ CARNIXOL		20		MN23196C		7/25	0.00	19.65	0.00	12.00	47.16	0.00	0.00
049099	INJ ETOPHYLINE & THEOPHYLINE 1		1		RE-92		10/25	0.00	230.00	0.00	12.00	27.60	0.00	0.00
049069	INJ ONDION (EMSET)	1*50	50		MN23265A		9/25	0.00	4.80	0.00	12.00	28.80	0.00	0.00
04	INJ PANTAPROZOLE 40MG		50		MN23248B		9/25	0.00	14.30	0.00	12.00	85.80	0.00	0.00
04	IV SET-ECO		400		HCR23025		11/26	0.00	6.50	0.00	12.00	312.00	0.00	0.00
05	MICROPORE 3"		48		2312223		11/26	0.00	75.00	0.00	12.00	432.00	0.00	0.00
049087	POVINANZ M/B POWDER		20		N0130500		7/26	0.00	15.00	0.00	12.00	36.00	0.00	0.00
08	RMS CANULA 18NO		5		G221111119		10/27	0.00	8.00	0.00	12.00	4.80	0.00	0.00
01	SHOE COVER		500		0.00			0.00	1.95	0.00	18.00	175.50	0.00	0.00
08	SUPERLIFE 10ML		10		181023		9/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00
49076	TAB ARKAMIN (CLODICT)		10		23DT0506A		3/26	0.00	29.00	0.00	12.00	34.80	0.00	0.00
49069	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	22.80	0.00	0.00
012	Add FREIGHT CHARGES		20					0.00	2060.00	0.00	18.00	370.80	0.00	0.00

HSN	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
5.00%	0.00	0.00	0.00	0.00	0.00	16		24034.00
12.00%	20999.00	0.00	0.00	2519.88	0.00			DIS AMT. 0.00
18.00%	3035.00	0.00	0.00	546.30	0.00			IGST PAYBLE 3066.18
28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
	24034.00	0.00	0.00	3066.18	0.00			Round off -0.18
								CR/DR NOTE 0.00
								0.00

Only Seven Thousand One Hundred Only

LINK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 IFSC Code : UJVN0002207

Conditions

Goods sold will not be taken back or exchanged.
 Late paid due date will attract 24% interest.
 Disputes subject to Jurisdiction only.

Signature of Transporter
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No. 9584802753
 Authorised Signatory

Grand Total

27100.00