



ANIL PHARMA

58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
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GSTIN : 07AAPP6291A1ZR
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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	A000347	L.R. No.	
Invoice Date	14-06-2023	L.R. Date	14-06-2023
P.O. No.	22827-1	Cases	0
P.O. Date	07-06-2023	Due Date	12-10-2023

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	
4015	EXAM GLOVES (M)		80					0.00	230.00	0.00	12.00	2208.00	0.00	0.00	18400.00
9010	HYPODERMIC STERILE SYRINGE 10M	1*50	16		18704023		3/28	0.00	175.00	0.00	12.00	336.00	0.00	0.00	2800.00
3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		SPB.220050	9/22	2/24	0.00	5.10	0.00	12.00	30.60	0.00	0.00	255.00
9010	IV SET-ECO		1000		IVG010123		12/27	0.00	6.50	0.00	12.00	780.00	0.00	0.00	6500.00
3808	KLACII LIQUID HAND SANITIZER 5		4		HS013L			0.00	580.00	0.00	18.00	417.60	0.00	0.00	2320.00
3005	MICROPORE 3"		48		2302282		1/26	0.00	75.00	0.00	12.00	432.00	0.00	0.00	3600.00
9010	SHARP CONTAINER PLASTIC 3LTR		6		0.00			0.00	150.00	0.00	12.00	108.00	0.00	0.00	900.00
30049009	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	11.40	0.00	0.00	95.00
999812	Add FREIGHT CHARGES							0.00	865.00	0.00	18.00	155.70	0.00	0.00	865.00

Stock No of Boxes Received ... 6
 Sub Physical Check
 Name Employee Code ... / DC02168
 Name ... Hospital Kasganj
 Date Time ...
 Signature ... M. No. 9584802753

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	35735.00
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	
GST 12.00%	32550.00	0.00	0.00	3906.00	0.00	3906.00	
GST 18.00%	3185.00	0.00	0.00	573.30	0.00	573.30	
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	35735.00	0.00	0.00	4479.30	0.00	4479.30	

Rs. Forty Thousand Two Hundred Fourteen Only

OUR BANK DETAILS AS :-

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

FOR ANIL PHARMA

Authorized Signatory

Grand Total

40214.00

Terms & Conditions

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