

DP ENTERPRISES
703393 B2BR

255047621

DOC_255047621 DCDC DISTRICT H DOC

Padrauna, BauliChwk, D (Uttar) MAYR: 18432810679823

DCDC DISTRICT HOSPITAL KUSHINAGAR, DCDC DISTRICT HOSPITAL KUSHINAGAR, DIALYSIS UNIT, DIST. DISTRICT HOSPITAL RAVINADARA DHUS PADRAUNA KUSHINAGAR, City: Padrauna, State: Uttar Pradesh, PIN: 274304.

16453810679921

GST INVOICE

Original for Buyer

Invoice No	A001958	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25372	Cases	10
P.O. Date	05-03-2024	Due Date	07-07-2024

BILL TO :
DCDC DISTRICT HOSPITAL KUSHINAGAR
COMBINED DISTRICT HOSPITAL
RABINDRA NAGAR ROAD, State : 09
RABINDRA NAGAR DHOOS KUSHI NAGAR
PHONE : 8506007856

SHIPPED TO
Name :- DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
Address:- RAVINADARA DHUS, PADRAUNA
KUSHINAGAR, UTTAR PRADESH - 274304
NUMBER :- 8506007856

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

Phone : 011-2211-1111
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	90189029	BLUE PUNCTURE 10LTR		5 ✓		OFK24		12/26	0.00	240.00	0.00	12.00	144.00	0.00	0.00	1200.00
2	30059090	CATHERIZATION OFF KIT		50 ✓		ONK24		12/26	0.00	28.00	0.00	12.00	168.00	0.00	0.00	1400.00
3	30059090	CATHERIZATION ON KIT		50 ✓					0.00	28.00	0.00	12.00	168.00	0.00	0.00	1400.00
4	4015	EXAM GLOVES (S)		60 ✓					0.00	230.00	0.00	12.00	1656.00	0.00	0.00	13800.00
5	63079090	FACE MASK 3 PLY EARLOOP BLUE		500 ✓		0.00			0.00	1.50	0.00	5.00	37.50	0.00	0.00	750.00
6	30059040	FITSULA OFF KIT		1000 ✓		0.00			0.00	7.85	0.00	12.00	942.00	0.00	0.00	7850.00
7	30059040	FITSULA ON-KIT	1*100	1000 ✓		0.00			0.00	7.85	0.00	12.00	942.00	0.00	0.00	7850.00
8	9018	HYPODERMIC STERILE SYRINGE 5ML	1*50	5 ✓		51210023		11/27	0.00	195.00	0.00	12.00	210.00	0.00	0.00	1750.00
9	9018	HYPODERMIC STERILE SYRINGE 10M		10 ✓		68012023		11/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00	255.00
10	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50 ✓		J23AM352		9/25	0.00	5.10	0.00	12.00	30.60	0.00	0.00	350.00
11	30043913	INJ MEPEX (DEXA)		50 ✓		MN23233E		8/25	0.00	7.00	0.00	12.00	42.00	0.00	0.00	715.00
12	3004	INJ PANTAPROZOLE 40MG		50 ✓		23GJ16D		9/25	0.00	14.30	0.00	12.00	85.80	0.00	0.00	330.00
13	30049039	INJ REVIL		100 ✓		W532		8/25	0.00	3.30	0.00	12.00	39.60	0.00	0.00	325.00
14	9018	IV SET-ECO		500 ✓		HCR23027		12/26	0.00	6.50	0.00	12.00	390.00	0.00	0.00	12000.00
15	3005	MICROPORE 3"		160 ✓		2312223		11/26	0.00	75.00	0.00	12.00	1440.00	0.00	0.00	750.00
16	9018	SHARP CONTAINER PLASTIC 3LTR		5 ✓		0.00			0.00	150.00	0.00	12.00	90.00	0.00	0.00	5860.00
17	996812	Add FREIGHT CHARGES							0.00	5860.00	0.00	18.00	1054.80	0.00	0.00	5860.00
													TOTAL	60485.00		

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-
IGST 5.00%	750.00	0.00	0.00	37.50	37.50	17	3595
IGST 12.00%	53875.00	0.00	0.00	6465.00	6465.00		
IGST 18.00%	5860.00	0.00	0.00	1054.80	1054.80		
IGST 28 %	0.00	0.00	0.00	0.00	0.00		
TOTAL	60485.00	0.00	0.00	7557.30	7557.30		

TOTAL 60485.00
DIS AMT. 0.00
IGST PAYBLE 7557.30
PAYBLE 0.00
Round off -0.00
CR/DR NOTE 0.00

Rs. Sixty Eight Thousand Forty Two Only

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN 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.

Stock/No. of Boxes Received *10 Box* ✓
Subject to Physical Check *10 Box* ✓
Name/Employee Code *Arjun Kumar*
Centre Name *DCDC KUSHINAGAR*
Date/Time *12/3/24*
Signature *[Signature]* M. No. *091900101*

FOR ANIL PHARMA

Authorised Signatory

Grand Total
68042.00