

Duplicate for Transporter

**GST INVOICE**



**ANIL PHARMA**

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

**BILL TO :**

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR  
DISTRICT HOSPITAL MEHDAWAL ROAD,  
KALILABAD, UTTAR PRADESH-272175 State : 09

PHONE : 8447444344

**SHIPPED TO**

DISTRICT HOSPITAL  
DIALYSIS UNIT, DISTRICT HOSPITAL  
MEHDAWAL ROAD, KHALILABAD  
SANT KABIR NAGAR, UTTAR PRADESH-272175  
NUMBER :- 9554310933

Invoice No	A001271	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24144	Cases	4
P.O. Date	06-11-2023	Due Date	15-03-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-UTTAR PRADESH

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Amount
1	30059040	FITSULA ON-KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00
2	3004	INJ HYDROCOTISONE 100MG (EFFCO		50		MN23205A		8/25	0.00	23.50	0.00	5.00	58.75	0.00
3	30049069	INJ ONDION ( EMSET )		50		OS-01		5/25	0.00	4.80	0.00	12.00	28.80	0.00
4	9018	NEEDLE CUTTER 3LTR		2					0.00	2300.00	0.00	12.00	552.00	0.00
5	996812	Add FREIGHT CHARGES							0.00	1395.00	0.00	18.00	251.10	0.00
<p>Stock/No. of Boxes Received <u>2 BOX</u>                      Subject to Physical Check                      Name/Employee Code <u>DCS2121</u>                      Centre Name <u>SANT KABIR NAGAR</u>                      Date/Time <u>29/11/23 11:00 P.M</u>                      Signature <u>[Signature]</u> M. No. <u>9554310933</u></p>														
<b>CLASS</b>		<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>		<b>TOTAL</b>		<b>TOTAL</b>		<b>TOTAL</b>		<b>11410.00</b>
IGST 5.00%		1175.00	0.00	0.00	58.75	0.00	58.75						DIS AMT.	0.00
IGST 12.00%		8840.00	0.00	0.00	1060.80	0.00	1060.80						IGST PAYBLE	1370.65
IGST 18.00%		1395.00	0.00	0.00	251.10	0.00	251.10						PAYBLE	0.00
IGST 28 %		0.00	0.00	0.00	0.00	0.00	0.00						Round off	0.35
<b>TOTAL</b>		<b>11410.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1370.65</b>	<b>0.00</b>	<b>1370.65</b>						CR/DR NOTE	<b>0.00</b>

Rs. Twelve Thousand Seven Hundred Eighty One 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.

**FOR ANIL PHARMA**

Authorised Signatory

Grand Total

12781.00