

Duplicate for Transporter

GST INVOICE



ANIL PHARMA

8, RAJAN BABU ROAD,
 ARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 MO. : 20B-137393 \ 21B-137394
 PIN : 07AAPP6291A1ZR
 Mail : anilpharma1997@gmail.com

BILL TO :
 DCDC DISTRICT HOSPITAL LALITPUR
 DISTRICT HOSPITAL, DIALYSIS UNIT
 MANYAWAR KANSHIRAM JOINT DISTRICT State : 09
 HOSPITAL, CIVIL LINES, LALITPUR,
 PHONE : 8770441244

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, MANYAWAR KANSIRAM JOINT
 DISTRICT HOSPITAL, CIVIL LINES
 LALITPUR, UTTAR PRADESH - 284403
 NUMBER :- 8770441244

Invoice No A000957
 Invoice Date 19-09-2023
 P.O. No. 23659
 P.O. Date 06-09-2023
 Bill No.
 L.R. Date 19-09-2023
 Cases 0
 Due Date 17-01-2024

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

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
4015	EXAM GLOVES (M)		30					0.00	230.00	0.00	12.00	828.00	0.00	6900.00
30059040	FITSULA OFF KIT		1000		0.00			0.00	8.00	0.00	12.00	960.00	0.00	8000.00
30059040	FITSULA ON-KIT		1000		0.00			0.00	8.00	0.00	12.00	960.00	0.00	8000.00
3004	INJ BIOCTAMOL (PYREMOL) 2ML 1 ✓		100		13G011		6/25	0.00	5.10	0.00	12.00	61.20	0.00	510.00
30049099	INJ HOSRANIL 25000 IU ✓		200		HIHE23010A		5/25	0.00	130.00	0.00	12.00	3120.00	0.00	26000.00
30049087	POVINANZ M/B POWDER ✓		20		N0130079		3/26	0.00	15.00	0.00	12.00	36.00	0.00	300.00
9018	VACCUTAINER EDTA ✓		100		0.00			0.00	6.00	0.00	12.00	72.00	0.00	600.00
9018	VACCUTAINER PLAIN ✓		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	550.00
996812	Add FREIGHT CHARGES		100		0.00			0.00	2785.00	0.00	18.00	501.30	0.00	2785.00

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No.
 D 002014

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL-IGST	Value	Amount
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST 12.00%	50860.00	0.00	0.00	6103.20	6103.20	0.00	6604.50
GST 18.00%	2785.00	0.00	0.00	501.30	501.30	0.00	0.00
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	53645.00	0.00	0.00	6604.50	6604.50	0.00	0.00

TOTAL	DIS AMT.	IGST PAYABLE	PAYABLE	Round off	CR/DR NOTE
53645.00	0.00	6604.50	0.00	0.50	0.00

FOR ANIL PHARMA

 Authorised Signatory

IR BANK DETAILS AS :-
 Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 C.C Code : UJVN0002207

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

Grand Total
 60250.00