

Original for Buyer

**GST INVOICE**

BILL TO :

DCDC GOVT. GENERAL HOSPITAL JAGTIAL  
DH., GOVT. GENERAL HOSPITAL,  
OPP. JAGTIAL MUNICIPAL OFFICE State : 36  
DIST. JAGTIAL , TELANGANA-505327  
PHONE. : 8588850032

Invoice No	A002056	Bill No.	
Invoice Date	13-03-2024	L.R. Date	13-03-2024
P.O. No.	25345	Cases	2
P.O. Date	05-03-2024	Due Date	11-07-2024

SHIPPED TO

GOVERNMENT HOSPITAL  
DIALYSIS UNIT, GOVT. GENERAL HOSPITAL  
OPP. JAGTIAL MUNICIPAL OFFICE  
JAGTIAL, TELANGANA - 505327  
NUMBER :- 9908470353

**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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Amount
1	3805	DYNAPLAST		4		0.00			0.00	149.50	0.00	12.00	71.76	0.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		700		68012023		11/28	0.00	1.50	0.00	5.00	52.50	0.00
3	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	12		W532		8/25	0.00	175.00	0.00	12.00	252.00	0.00
4	30049039	INJ REVIL		50		HCR23027		12/26	0.00	3.30	0.00	12.00	19.80	0.00
5	9018	IV SET-ECO		300		MST-231111-2		10/26	0.00	6.50	0.00	12.00	234.00	0.00
6	30059060	PAPER TAPE 2" 9.1MTR		30		0.00			0.00	46.60	0.00	12.00	167.76	0.00
7	3901	SHOE COVER		800		0.00			0.00	1.95	0.00	18.00	280.80	0.00
8	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00
9	596812	Add FREIGHT CHARGES							0.00	1365.00	0.00	18.00	245.70	0.00
<b>TOTAL</b>													<b>10736.00</b>	<b>10736.00</b>

Rs. Twelve Thousand One Hundred Twenty Six 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

Stick/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Ting .....  
M. No. ....

<b>TOTAL</b>	<b>10736.00</b>
DIS AMT.	0.00
IGST PAYABLE	1390.32
PAYABLE	0.00
Round off	-0.32
CR/DR NOTE	0.00
<b>0.00</b>	<b>0.00</b>

<b>Grand Total</b>	
	12126.00