



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No 20B-137393 \21B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001181	Bill No.	
Invoice Date	11-11-2023	L.R. Date	11-11-2023
P.O. No.	24238	Cases	0
P.O. Date	06-11-2023	Due Date	10-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :-	07-DELHI		

Duplicate for Transporter

BILL TO :
DCDC HEALTH SERVICES PVT LTD
C-185, FIRST FLOOR, MAYAPURI INDUS.
AREA PHASE-2, MAYAPURI STATE - 07
NEW DELHI-110064
PHONE : 9811561247

SHIPPED TO
Name :- B.M GUPTA HOSPITAL
DIALYSIS UNIT, B.M GUPTA HOSPITAL
Address:- H-9 15, ARYA SAMAJ ROAD, SDM MARKET
UTTAM NAGAR, NEW DELHI - 110059
NUMBER :- 8368219908

S/N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount
1	6210	BUFFANT CAP		100	0.00				0.00	0.90	0.00	2.50	2.25	2.50	2.25	90.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		100	0.00				0.00	1.50	0.00	2.50	3.75	2.50	3.75	150.00
3	30069040	FITSULA OFF KIT		200	0.00				0.00	8.00	0.00	6.00	96.00	6.00	96.00	1600.00
4	30059040	FITSULA ON-KIT		100	0.00				0.00	8.00	0.00	6.00	48.00	6.00	48.00	800.00
5	3004	INJ BIOCEAMOL (PYREMOL) 2ML 1		50	0.00	13G011		6/25	0.00	5.10	0.00	6.00	15.30	6.00	15.30	255.00
6	30042019	INJ NORAD 2ML		50	0.00	NB-01		3/25	0.00	27.90	0.00	6.00	83.70	6.00	83.70	1395.00
7	30049039	INJ REVIL		50	0.00	W011		12/24	0.00	3.30	0.00	6.00	9.90	6.00	9.90	165.00
8	30049099	INJ TRANEXA 5ML (TEXACOT)		25	0.00	MN23169A		7/25	0.00	33.50	0.00	2.50	20.94	2.50	20.94	837.50
9	9018	IV SET-ECO		100	0.00	HCR23007		4/25	0.00	6.50	0.00	6.00	39.00	6.00	39.00	650.00
TOTAL				318.84	318.84				637.68							5942.50

Rs. Six Thousand Five Hundred Eighty Only

OUR BANK DETAILS AS :-

Bank Name : UJIVAN 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 part the date will attract 24% interest
All disputes subject to Jurisdiction only.

Stamp No. 01 Boxes received
Contract to be Physical Check
Employee No. 80003
Name of Employee M. M. No. 8595912636
Cont. No. T-311131
Date of Invoice 11/11/23
Signature

FOR ANIL PHARMA



Authorized Signatory

TOTAL	5942.50
DIS AMT	0.00
SGST PAYABLE	318.84
CGST PAYABLE	318.84
Round off	-0.18
CR/DR NOTE	0.00

Grand Total

6580.00