



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	A001774	Bill No.	
Invoice Date	02-02-2024	L.R. Date	02-02-2024
P.O. No.	24986	Cases	6
P.O. Date	24-01-2024	Due Date	01-06-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 29-KARNATAKA

BILL TO :
DCDC DISTRICT HOSPITAL DHARWAD
DIALYSIS UNIT, DISTRICT HOSPITAL, ROOM NO-52
KILLA ROAD , DHARWAD, KARNATKA - 580001 State

PHONE : 9986980020

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
ROOM NO - 52, KILLA ROAD, DHARWAD
KARNATKA - 580001
NUMBER :- 9986980020

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
													TOTAL		36945.50	
19	3005	MICROPORE 2"		120		2310151		9/26	0.00	46.60	0.00	12.00	671.04	0.00	0.00	5592.00
20	90192010	OXYGEN MASK ADULT		5		OXMA1122		10/26	0.00	40.00	0.00	12.00	24.00	0.00	0.00	200.00
21	30049087	POVINANZ M/B POWDER		40		N0130500		7/26	0.00	15.00	0.00	12.00	72.00	0.00	0.00	600.00
22	9018	SHARP CONTAINER PLASTIC 3LTR		10		0.00			0.00	150.00	0.00	12.00	180.00	0.00	0.00	1500.00
23	90189012	STETHSCOPE ASC		2					0.00	185.00	0.00	12.00	44.40	0.00	0.00	370.00
24	4015	SURGICARE GLOVES 7NO		50		0.00			0.00	16.00	0.00	12.00	96.00	0.00	0.00	800.00
25	4015	SURGICARE GLOVES 6.50 NO	1*25	50		0.00			0.00	16.00	0.00	12.00	96.00	0.00	0.00	800.00
26	30049069	TAB BIOCETAMOL 500MG		20		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	22.80	0.00	0.00	190.00
27	9018	VACCUTAINER EDTA		100		0.00			0.00	6.00	0.00	12.00	72.00	0.00	0.00	600.00
28	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	0.00	550.00
29	996812	Add FREIGHT CHARGES							0.00	4780.00	0.00	18.00	860.40	0.00	0.00	4780.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST			TOTAL	52927.50	
IGST 5.00%	1410.00	0.00	0.00	70.50	0.00	70.50	Total Items :-	29	DIS AMT.	0.00
IGST 12.00%	46587.50	0.00	0.00	5590.50	0.00	5590.50	Total Qty :-	2338	IGST PAYBLE	6548.40
IGST 18.00%	4930.00	0.00	0.00	887.40	0.00	887.40			PAYBLE	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00			Round off	0.10
TOTAL	52927.50	0.00	0.00	6548.40	0.00	6548.40			CR/DR NOTE	0.00

Rs. Fifty Nine Thousand Four Hundred Seventy Six Only

OUR BANK DETAILS AS :-

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



FOR ANIL PHARMA

Stock No. of Boxes Received 06.
Subject to Physical Check
Name/Employee Code
Authorized Signatory
Date/Time
Signature M. No. 1899464460.

Grand Total

59476.00

Conditions

Goods will not be taken back or exchanged.
Late date will attract 24% interest.
Subject to DELHI Jurisdiction only.

254160465
 DCDC DISTRICT H
 DCDC
 Hubli, Budarshingh, H (Karnata
 MAWA
 144381064984
 DCDC DISTRICT HOSPITAL DHARWAD, DCDC DISTRICT HOSPITAL
 DHARWAD, DIALYSIS UNIT DISTRICT HOSPITAL ROOM NO.52
 KILLA ROAD DHARWAD, City: Hubli, State: Karnataka, PIN:
 580001.
 16463810670043

DP ENTERPRISES
 703999 828R

GST INVOICE

Invoice No	A001774	Bill No.	
Invoice Date	02-02-2024	L.R. Date	02-02-2024
P.O. No.	24986	Cases	6
P.O. Date	24-01-2024	Due Date	01-06-2024

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 29-KARNATAKA

Duplicate for Transporter

BILL TO :
 DCDC DISTRICT HOSPITAL DHARWAD
 DIALYSIS UNIT, DISTRICT HOSPITAL, ROOM NO-52
 KILLA ROAD, DHARWAD, KARNATKA - 580001 State

PHONE : 9986980020

SHIPPED TO

Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
 ROOM NO - 52, KILLA ROAD, DHARWAD
 KARNATKA - 580001

NUMBER :- 9986980020

GSTIN: 29A001774000000
 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		10					0.00	240.00	0.00	12.00	288.00	0.00	2400.00
2	9025	DIGITAL THERMOMETER		2		0.00			0.00	75.00	0.00	18.00	27.00	0.00	150.00
3	3005	DYNAPLAST		5					0.00	149.50	0.00	12.00	89.70	0.00	747.50
4	4015	EXAM GLOVES (M)		65					0.00	230.00	0.00	12.00	1794.00	0.00	14950.00
5	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		51210023		11/27	0.00	195.00	0.00	12.00	117.00	0.00	975.00
6	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		51310023		9/28	0.00	175.00	0.00	12.00	420.00	0.00	3500.00
7	3004	INJ ADRENALINE1ML 1*50(R)	1*50	1		AD-195		9/24	0.00	245.00	0.00	12.00	29.40	0.00	245.00
8	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		200		13G011		6/25	0.00	5.10	0.00	12.00	122.40	0.00	1020.00
9	3004	INJ BUDICORT/BUDECEL RESPULES		60		RS3080		3/25	0.00	16.30	0.00	12.00	117.36	0.00	978.00
10	3004	INJ BUSCOGAST 1*50		50		MN23234A		8/25	0.00	9.90	0.00	12.00	59.40	0.00	495.00
11	90189022	INJ CALCIUM GLUCONATE		1					0.00	290.00	0.00	12.00	34.80	0.00	290.00
12	30049079	INJ DYTOR 2ML (TORSELAX)		60		A22623A		11/24	0.00	11.00	0.00	12.00	79.20	0.00	660.00
13	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE-92		10/25	0.00	230.00	0.00	12.00	27.60	0.00	230.00
14	3004	INJ HYDROCOTISONE 100MG (EFFCO		60		MN23304C		10/25	0.00	23.50	0.00	5.00	70.50	0.00	1410.00
15	3004	INJ PANTAPROZOLE 40MG		100		MN23305B		10/25	0.00	14.30	0.00	12.00	171.60	0.00	1430.00
16	30049039	INJ REVIL		200		W532		8/25	0.00	3.30	0.00	12.00	79.20	0.00	660.00
17	3004	INJ S.B.C 10ML 1*50 (R)	1*50	1		SB-280		5/25	0.00	305.00	0.00	12.00	36.60	0.00	305.00
18	9018	IV SET-ECO		1000		HCR23025		11/26	0.00	6.50	0.00	12.00	780.00	0.00	6500.00

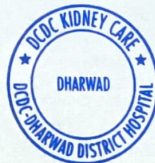
CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1410.00	0.00	0.00	70.50	70.50	36945.50
IGST 12.00%	35385.50	0.00	0.00	4246.26	4246.26	DIS AMT. 0.00
IGST 18.00%	150.00	0.00	0.00	27.00	27.00	IGST PAYBLE 4343.76
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
TOTAL	36945.50	0.00	0.00	4343.76	4343.76	CR/DR NOTE 0.00

Rs. Fifty Nine Thousand Four Hundred Seventy Six Only

MSG:

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 All disputes subject to DELHI Jurisdiction only.
 Payment not paid due date will attract 24% interest.





FOR ANIL PHARMA

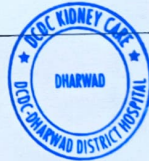
Authorized Signatory





Stock/No. of Boxes Received **06**
 Subject to Physical Check
 Name/Employee Code **Typed - C.M**
 Centre Name **Dharwad**
 Date/Time **02/02/2024**
 Signature **[Signature]** M. No. **7899764460**

Continue Page.. 2

DELHIVERY		 SPOTON Engineered for Accuracy	Created Date: 02/02/24 Pickup Date: 02/02/24	254160465		 254160465	
1. FROM:			Drop-Off <input type="checkbox"/>				
Shipper's Name: DP ENTERPRISES 703393 B2BR			4. TO: Self Collect <input type="checkbox"/>				
Shipper's Phone Number:			Recipient's Name: DCDC DISTRICT HOSPITAL DHARWAD, DCDC DISTRICT HOSPITAL DHARWAD				
Street Name: B-14 MAHENDRA PARK THEKE WALA ROAD METRO PILLAR NO. 110033			Recipient's Phone Number:				
City: Delhi	State: Delhi	Postal Code: 110033			Street Name: DIALYSIS UNIT DISTRICT HOSPITAL ROOM NO.52 KILLA ROAD DHARWAD		
GST NO.: 07AAPG6291A1ZR			City: Hubli	State: Karnataka	Postal Code: 580001		
2. SHIPMENT INFORMATION			GST NO.: URP				
SHIPPER'S REFERENCE NO. (25 characters): ANIL PHARMA			Client/Store/Address Code:				
INVOICE NO.: A001774		EWBN : 771402296387			5. MOT:		
TOTAL INVOICE VALUE: 59476		Master Id: 16453810569984			<input type="checkbox"/> AIR <input type="checkbox"/> GROUND <input type="checkbox"/>		
# BOXES x DIMENSION (LxWxH) cm *		COMMODITY DESCRIPTION		TOTAL WEIGHT *			
6: 30 x 26 x 20		Medical, Chemical & Astronomy		50 kgs			
*As declared by the client; billed weight may vary.			6. SPECIAL HANDLING:				
TOTAL NUMBER OF BOXES: 6			<input type="checkbox"/> FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>				
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERS <input type="checkbox"/> ().....			<input type="checkbox"/> VAL CARGO. <input type="checkbox"/>				
No. Of DOCUMENTS:			POD on Invoice <input type="checkbox"/>				
3. REQUIRED SIGNATURE - ORIGIN:			7. INSURANCE:		8. PAYMENT:		
DELHIVERY EMP ID:.....			FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
SHIPPER'S SIGN:.....			VALUE:		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
					CASH ON DELIVERY COD AMOUNT: ₹ 0		
					CHEQUE ON DELIVERY <input type="checkbox"/>		
					CHEQUE BENEFICIARY'S NAME:		
			9. REQUIRED SIGNATURE - DESTINATION:				
			RECIPIENT'S SIGNATURE AND STAMP:		No. of Boxes Received <u>06</u>		
			DATE:..... TIME:.....		Subject to Physical Check		
					Name/Employee Code <u>Jyothi . C. M</u>		
					Centre Name <u>Dharwad</u>		
					Date/Time <u>02/02/2024</u>		
					Signature <u>[Signature]</u> M. No. <u>7399464460</u>		
DELHIVERY LIMITED			SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)			LM POD	
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)			REGISTERED OFFICE: Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)				
TRANSPORTER ID: 06AAPCS9575E1ZR			TRANSPORTER ID: 29AAQCS5815Q1Z1				
CIN No: L63090DL2011PLC221234			CIN No: U63090GJ2011PTC108834				
PAN: AAPCS9575E			PAN: AAQCS5845Q				
For terms and conditions visit www.delhivery.com							



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DELHIVERY		 SPOTON Engineered for Accuracy	Created Date: 02/02/24 Pickup Date: 02/02/24	254160465		 254160465	
1. FROM:				Drop-Off <input type="checkbox"/>			
Shipper's Name: DP ENTERPRISES 703393 B2BR				4. TO:			
Shipper's Phone Number:				Self Collect <input type="checkbox"/>			
Street Name: B-14 MAHENDRA PARK THEKE WALA ROAD METRO PILLAR NO. 110033				Recipient's Name: DCDC DISTRICT HOSPITAL DHARWAD. DCDC DISTRICT HOSPITAL DHARWAD			
City: Delhi State: Delhi Postal Code: 110033				Recipient's Phone Number:			
Street Name: B-14 MAHENDRA PARK THEKE WALA ROAD METRO PILLAR NO. 110033				Street Name: DIALYSIS UNIT DISTRICT HOSPITAL ROOM NO.52 KILLA ROAD DHARWAD			
GST NO.: 07AAPPG6291A1ZR				City: Hubli		State: Karnataka Postal Code: 580001	
2. SHIPMENT INFORMATION				GST NO.: URP			
SHIPPER'S REFERENCE NO. (25 characters): ANIL PHARMA				Client/Store/Address Code:			
INVOICE NO.: A001774		EWBN : 771402296387		5. MOT:		6. SPECIAL HANDLING:	
TOTAL INVOICE VALUE: 59476		Master Id: 16453810569984		AIR <input type="checkbox"/>		FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>	
# BOXES x DIMENSION (LxWxH) cm *		COMMODITY DESCRIPTION		GROUND <input type="checkbox"/>		VAL CARGO. <input type="checkbox"/>	
6: 30 x 26 x 20		Medical, Chemical & Astronomy		POD on Invoice <input type="checkbox"/>			
		50 kgs		7. INSURANCE:		8. PAYMENT:	
				FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>	
				VALUE:		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>	
						CASH ON DELIVERY COD AMOUNT: ₹ 0	
						CHEQUE ON DELIVERY <input type="checkbox"/>	
						CHEQUE BENEFICIARY'S NAME:	
*As declared by the client; billed weight may vary.				9. REQUIRED SIGNATURE - DESTINATION:			
TOTAL NUMBER OF BOXES: 6				RECIPIENT'S SIGNATURE AND STAMP:			
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> () TAX FORMS <input type="checkbox"/> () OTHERS <input type="checkbox"/> ()				Stock/No. of Boxes Received 06			
No. Of DOCUMENTS:				Subject to Physical Check			
3. REQUIRED SIGNATURE - ORIGIN:				Name/Employee Code Jaya Bih			
DELHIVERY EMP ID:		SHIPPER'S SIGN:		Centre Name Dhawad			
				Date/Time 7/2/24			
				Signature M. No. 9916876888			
DELHIVERY LIMITED		SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)		LM POD			
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)		REGISTERED OFFICE: Thanavau, 23/24, Infantry Road, Bengaluru, India (560001)					
TRANSPORTER ID: 06AAPCS9575E1ZR		TRANSPORTER ID: 29AAQCS815Q1Z1					
CIN No: L63090DL2011PLC221234		CIN No: U63090GJ2011PTC108834					
PAN: AAPCS9575E		PAN: AAQCS5845Q					
For terms and conditions visit www.delhivery.com							

