

Original for Buyer

**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 : 07AAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

**BILL TO :**  
DCDC DISTRICT HOSPITAL ST. RAVIDAS NAGAR  
DIALYSIS UNIT, DISTRICT HOSPITAL  
JILA MUKHYALYASARPATHA, GYANPUR State : 09  
SANT RAVIDAS NAGAR UP-221304  
PHONE : 7897806775

**SHIPPED TO**  
Name : DISTRICT HOSPITAL  
DIALYSIS UNIT, DISTRICT HOSPITAL  
Address:- JILA MUKHYALYA SARPATHA, GYANPUR  
SANT RAVIDAS NAGAR, UTTAR PRADESH-221304  
NUMBER :- 8083293190

Invoice No	A002074	Bill No.	14-03-2024
Invoice Date	14-03-2024	L.R. Date	4
P.O. No.	25425	Cases	12-07-2024
P.O. Date	05-03-2024	Due Date	

Transport : DELIVERY 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	Value	Amount
1	6210	BUFFANT CAP		400		000			0.00	0.90	0.00	5.00	18.00	0.00	360.00
2	4015	EXAM GLOVES (S)		60					0.00	230.00	0.00	12.00	1656.00	0.00	13800.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		300					0.00	1.50	0.00	5.00	22.50	0.00	450.00
4	30059040	FITSULA OFF KIT		700					0.00	7.85	0.00	12.00	659.40	0.00	5495.00
5	30059040	FITSULA ON-KIT		700					0.00	7.85	0.00	12.00	659.40	0.00	5495.00
6	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	2		68912023	11/28		0.00	195.00	0.00	12.00	46.80	0.00	390.00
7	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		68012023	11/28		0.00	175.00	0.00	12.00	210.00	0.00	1750.00
8	30049069	INJ ONDION ( EMSET )		50		MNZ3337C	11/25		0.00	4.80	0.00	12.00	28.80	0.00	240.00
9	9018	IV SET-ECO		500		HCR23027	12/26		0.00	6.50	0.00	12.00	390.00	0.00	3250.00
10	30059060	PAPER TAPE 2" 9.1MTR		30		MST-231111-2	10/26		0.00	46.60	0.00	12.00	167.76	0.00	1398.00
11	9018	SHARP CONTAINER PLASTIC 3LTR		1					0.00	150.00	0.00	12.00	180.00	0.00	1500.00
12	996812	Add FREIGHT CHARGES							0.00	3045.00	0.00	18.00	548.10	0.00	3045.00

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

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	810.00	0.00	0.00	40.50	40.50	0.00
IGST 12.00%	33318.00	0.00	0.00	3998.16	3998.16	12
IGST 18.00%	3045.00	0.00	0.00	548.10	548.10	2762
IGST 28.00%	0.00	0.00	0.00	0.00	0.00	
<b>TOTAL</b>	<b>37173.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4586.76</b>	<b>4586.76</b>	

Rs. Forty One Thousand Seven Hundred Sixty Only

**OUR BANK DETAILS AS :-**  
Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 22071200400000335  
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**

**41760.00**