

# Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/1536  
 Date of Invoice : 15-10-2024  
 Place of Supply : Chhattisgarh (22)  
 GR/RR No. :  
 PO NO. : 27871

Transport : N/A  
 Vehicle No. :  
 Station : BILASPUR  
 E-Way Bill No. :  
 PO DATE : 04-10-2024

**Billed to :**

DCDC CIMS BILASPUR  
 DIALYSIS UNIT, CHATTISGARH INST. OF  
 MEDICAL SCIENCE, SARDAR VALLABH BHAI  
 PATEL HOSPITAL, BILASPUR  
 CHHATTISGARH - 495009  
 Party Mobile No : 9009679646  
 GSTIN / UIN :  
 D.L. No. :

**Shipped to :**

DCDC CIMS BILASPUR  
 DIALYSIS UNIT, CHATTISGARH INST. OF  
 MEDICAL SCIENCE, SARDAR VALLABH BHAI  
 PATEL HOSPITAL, BILASPUR  
 CHHATTISGARH - 495009  
 Party Mobile No : 8120720517  
 GSTIN / UIN :  
 D.L. No. :

CIMS BILASPUR

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	200	0		IV SET-ECO	90183990	AIV54101	Jul-2027	0.00	6.50	0.00%	12%	1,456.00
2	10	0		Povinanaz M/B Powder	30049087	N0140824	Jul-2027	45.00	15.00	0.00%	12%	168.00
3	4	0	1*50	HYPODERMIC STERILE SYRINGE 10M	90183100	31006024	May-2029	0.00	175.00	0.00%	12%	784.00
4	8	0	1*25	HYPODERMIC 20ML SYRINGE	90183100			0.00	250.00	0.00%	12%	2,240.00
5	50	0		INJ REVIL	30049039	M259	Jun-2026	0.00	3.30	0.00%	12%	184.80
6	50	0		INJ NORAD 2ML	30042019	NB-01	Mar-2025	0.00	27.90	0.00%	12%	1,562.40
7	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	1,321.60

**Total 7,716.80**

Add : Rounded Off (+)

0.20

322.00 0.00

**Grand Total ₹ 7,717.00**

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	5,710.000	685.200	685.200
18%	1,120.000	201.600	201.600
<b>Total</b>	<b>6,830.000</b>	<b>886.800</b>	<b>886.800</b>

**Rupees Seven Thousand Seven Hundred Seventeen Only**

**Bank Details : UJJIVAN SMALL FINANCE BANK,; A/c : 2207120040000335; IFSC - UJVN0002207**

**Terms & Conditions**

- E.& O.E.
1. Goods once sold will not be taken back.
  2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
  3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

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

For Anil Pharma

Authorised Signatory

