



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

GST INVOICE

Duplicate for Transporter

Invoice No	A000079	L.R. No.	
Invoice Date	22-04-2023	L.R. Date	22-04-2023
P.O. No.	22313-1	Cases	0
P.O. Date	06-04-2023	Due Date	20-08-2023
Transport :-			
E-WAY BILL NO. :-			
VEHICLE NO. :-			
STATION :- 06-HARYANA			

BILL TO :		SHIPPED TO	
DCDC CIVIL HOSPITAL REWARI CIVIL HOSPITAL, KAYSTHWARA MOHALLA REWARI State : 06 HARYANA PHONE : 8930388314		CIVIL HOSPITAL DIALYSIS UNIT, CIVIL HOSPITAL KAYASTHARWA MOHALLA, REWARI HARYANA - 123401 NUMBER :- 8930388314	

SIN	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3005	DYNAPLAST		10		EAB29	3/21	1/24	0.00	149.50	0.00	12.00	179.40	0.00	0.00
2	4015	EXAM GLOVES LATEX		40					0.00	230.00	0.00	12.00	1104.00	0.00	0.00
3	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		G302023	3/23	1/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00
4	3004	INJ CARNIXOL		500		MN23024B	3/23	1/25	0.00	24.50	0.00	12.00	1470.00	0.00	0.00
5	9018	IV SET-ECO		500		IV130922	2/23	8/27	0.00	6.50	0.00	12.00	390.00	0.00	0.00
6	3005	MICROPORE 3"		100		2302279	3/23	1/26	0.00	75.00	0.00	12.00	900.00	0.00	0.00
7	9018	SHARP CONTAINER PLASTIC 3LTR		5		0.00			0.00	150.00	0.00	12.00	90.00	0.00	0.00
TOTAL													36195.00	0.00	36195.00

Stock No of Boxes Received 4
 Subject to Physical Check
 Name of Supplier
 Centre Name
 Date/TIME
 Signature
 M. No.

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



TOTAL	DIS AMT.	IGST PAYABLE	PAYABLE	Round off	CR/DR NOTE
36195.00	0.00	4343.40	0.00	-0.40	0.00

Grand Total
40538.00