



ANIL PHARMMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 DL No 208-137393 \21B-137394
 GSTIN 07AAPPG6291A1ZR
 E-Mail anilpharma1997@gmail.com

GST INVOICE

Invoice No	A000996	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23529	Cases	0
P.O. Date	19-09-2023	Due Date	17-01-2024

BILL TO :
 CDC COMMON HEALTH CENTER MANTHANI
 COMMON HEALTH CENTER, MADVIDI AREA
 DISTRICT PEDDAPALLI OPP LAXMINARAYAN TEMPLE
 MANTHANI TELANGANA - 505134
 PHONE : 8588850032

SHIPPED TO
 COMMON HEALTH CENTER
 DIALYSIS UNIT, COMMON HEALTH CENTER
 OPP, LAXMINARAYAN MANDIR, DIST.
 PEDDAPALLI, MANTHANI, TELANGANA-505184
 NUMBER : 8588850032

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	33049099	IND HOSTRANIL 25000 IU		250		HIH23010A		5/25	0.00	130.00	0.00	12.00	3900.00	0.00	0.00
2	999912	Add FREIGHT CHARGES							0.00	950.00	0.00	18.00	171.00	0.00	950.00
TOTAL													33450.00	0.00	0.00

OUR BANK DETAILS AS :-
 Bank Name : UJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 IFSC Code : UJVN0002207

FOR ANIL PHARMMA
 Authorised Signatory

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

Grand Total
 37521.00

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.