

Original for Buyer

GST INVOICE

BILL TO :
 DCDC CUREASTA GLOBAL HOSPITAL RANCHI
 DIALYSIS UNIT, CUREASTA GLOBAL HOSPITAL
 DEEPATOLI, NEAR SURENDRA NATH SCHOOL STATE :
 RANCHI, JHARKHAND - 834009
 PHONE : 9304889041

Back copy

Invoice No	A001619	Bill No.	
Invoice Date	09-01-2024	L.R. Date	09-01-2024
P.O. No.	24505-1	Cases	0
P.O. Date	07-12-2023	Due Date	08-05-2024

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO. :-
 STATION :- 20-JHARKHAND



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 : anipharma1997@gmail.com

SHIPPED TO
 Name :- CURESTA HOSPITAL
 Address :-
 NUMBER :- 6299919846

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30051020	TEGADERM 8526IN		100		R03230913		2/26	0.00	79.50	0.00	12.00	954.00	0.00	7950.00
2	996812	Add FREIGHT CHARGES							0.00	650.00	0.00	18.00	117.00	0.00	650.00
													TOTAL	8600.00	0.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	7950.00	0.00	0.00	954.00	954.00	1071.00
IGST 18.00%	650.00	0.00	0.00	117.00	117.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	8600.00	0.00	0.00	1071.00	1071.00	0.00

Rs. Nine Thousand Six Hundred Seventy One Only

OUR BANK DETAILS AS :-

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

FOR ANIL PHARMA

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.

Grand Total

9671.00

Authorised Signatory