



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001354	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24164	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

Original for Buyer

BILL TO :
DCDC DISTRICT HOSPITAL KUSHINAGAR
COMBINED DISTRICT HOSPITAL
RABINDRA NAGAR ROAD, State : 09
RABINDRA NAGAR DHOOS KUSHI NAGAR
PHONE. : 8506007856

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
RAVINDARA DHUS , PADRAUNA, KUSHINAGAR
UTTAR PRADESH - 274304
NUMBER :- 8506007856

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	9018	GREEN LIFE 5ML SYR		10 ✓		370323		2/28	0.00	195.00	0.00	12.00	234.00	0.00	0.00	1950.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST			TOTAL	1950.00
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	Total Items :- 1		DIS AMT.	0.00
IGST 12.00%	1950.00	0.00	0.00	234.00	0.00	Total Qty :- 10		IGST PAYBLE	234.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			PAYBLE	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off	0.00
TOTAL	1950.00	0.00	0.00	234.00	0.00			CR/DR NOTE	0.00
									0.00

Rs. Two Thousand One Hundred Eighty Four Only

OUR BANK DETAILS AS :-

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

Stock/No. of Boxes Received1 Box.....
Subject to Physical Check 1000 Pcs.
Name/Employee Code ..A. K. Sharma...09119
Centre Name ...DCDC, Kushinagar...
Date/Time25/11/23.....10 AM
SignatureM. No. 8447001011

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

2184.00

