

Original for Buyer

**GST INVOICE**



**ANIL PHARMA**

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

Invoice No	A001816	Bill No.	
Invoice Date	08-02-2024	L.R. Date	08-02-2024
P.O. No.	25189	Cases	1
P.O. Date	07-02-2024	Due Date	07-06-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 02-HIMACHAL PRADES

**SHIPPED TO**

Name :- DDU HOSPITAL  
Address :- DIALYSIS UNIT, DEEN DAYAL UPADHAYA  
HOSPITAL, NEAR OLD BUS STOP  
SHIMLA, HIMACHAL PRADESH - 171001  
NUMBER :- 9418291979

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount			
1	90189029	BLUE PUNCTURE 10LTR	1*100	2		51210023		11/27	0.00	240.00	0.00	12.00	57.60	0.00	480.00			
2	9018	HYPODERMIC STERILE SYRINGE 5ML	1*50	1		68012023		11/28	0.00	195.00	0.00	12.00	23.40	0.00	195.00			
3	9018	HYPODERMIC STERILE SYRINGE 10M		2		HCR23025		11/26	0.00	175.00	0.00	12.00	42.00	0.00	350.00			
4	9018	IV SET-ECO		100		0.00			0.00	6.50	0.00	12.00	78.00	0.00	650.00			
5	9018	SHARP CONTAINER PLASTIC 3LTR		4					0.00	150.00	0.00	12.00	72.00	0.00	600.00			
6	30049076	TAB ARKAMIN (CLODICT)		10					0.00	26.00	0.00	12.00	31.20	0.00	260.00			
7	996812	Add FREIGHT CHARGES							0.00	490.00	0.00	18.00	88.20	0.00	490.00			
Stock/No. of Boxes Received ..... 1 Subject to Physical Check ..... Name/Employee Code ..... Centre Name ..... Date/Time ..... Signature ..... M. No. ....													<b>TOTAL</b>	<b>3025.00</b>	<b>0.00</b>	<b>392.40</b>	<b>0.00</b>	<b>3025.00</b>
<b>CLASS</b>	<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>Total Items :-</b>	<b>Total Qty :-</b>									<b>DIS AMT.</b>	<b>0.00</b>	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	7										IGST PAYBLE	392.40	
IGST 12.00%	2535.00	0.00	0.00	304.20	0.00	119										PAYBLE	0.00	
IGST 18.00%	490.00	0.00	0.00	88.20	0.00											Round off	-0.40	
IGST 28 %	0.00	0.00	0.00	0.00	0.00											CR/DR NOTE	0.00	
<b>TOTAL</b>	<b>3025.00</b>	<b>0.00</b>	<b>0.00</b>	<b>392.40</b>	<b>0.00</b>											<b>TOTAL</b>	<b>3025.00</b>	

Rs. Three Thousand Four Hundred Seventeen 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  
3417.00

Authorised Signatory