



# ANIL PHARMA

RAJAN BABU ROAD,  
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Duplicate for Transporter

## GST INVOICE

**BILL TO :**  
 CDCDC CIVIL HOSPITAL JAGADHARI  
 CIVIL HOSPITAL, NEAR GOVT. REST HOUSE  
 JAGADHARI State : 06

PHONE : 8506000536

**SHIPPED TO**

Name :- CIVIL HOSPITAL  
 ADDRESS :- DIALYSIS UNIT, CIVIL HOSPITAL  
 VISHNU GARDEN, NEAR GOVT. REST HOUSE  
 JAGADHARI, HARYANA - 135003  
 NUMBER :- 8506000536

Invoice No	A000521	L.R. No.	
Invoice Date	19-07-2023	L.R. Date	19-07-2023
P.O. No.	23132	Cases	0
P.O. Date	05-07-2023	Due Date	16-11-2023

Transport :-  
 E-WAY BILL NO :-  
 VEHICLE NO :-  
 STATION :- 06-HARYANA

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
015	EXAM GLOVES (M)	1*50	40		23405023		4/28	0.00	230.00	0.00	12.00	1104.00	0.00	9200.00
018	HYPODERMIC STERILE SYRINGE 10M		14		23GF07M		5/25	0.00	175.00	0.00	12.00	294.00	0.00	2450.00
004	INJ PANTAPROZOLE 40MG		50		HCR23007		4/26	0.00	14.30	0.00	12.00	85.80	0.00	715.00
018	IV SET-ECO		700		2305044		4/26	0.00	6.50	0.00	12.00	546.00	0.00	4550.00
005	MICROPORE 3"		60		UY20KBCYB		6/24	0.00	75.00	0.00	12.00	540.00	0.00	4500.00
02259000	NIPRO GLUCO STRIP	1*100	5		0.00		3/26	0.00	850.00	0.00	12.00	510.00	0.00	4250.00
018	SHARP CONTAINER PLASTIC 3LTR		5		23DT0506A			0.00	150.00	0.00	12.00	90.00	0.00	750.00
0049076	TAB ARKAMIN (CLODICT)		50					0.00	38.00	0.00	12.00	228.00	0.00	1900.00
96812	Add FREIGHT CHARGES							0.00	1570.00	0.00	18.00	282.60	0.00	1570.00

Stock/No. of Boxes Received .....  
 Subject to Physical Check - Yes  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DISCOUNT	IGST	TOTAL
T 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
T 12.00%	28315.00	0.00	0.00	3397.80	3397.80	0.00	3397.80	3680.40
T 18.00%	1570.00	0.00	0.00	282.60	282.60	0.00	282.60	3680.40
T 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>29885.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3680.40</b>	<b>3680.40</b>	<b>0.00</b>	<b>3680.40</b>	<b>29885.00</b>

DIS AMT. 0.00  
 IGST PAYABLE 3680.40  
 PAYABLE 0.00  
 Round off -0.40  
 CR/DR NOTE 0.00  
**0.00**

**TOTAL 29885.00**

**BANK DETAILS AS :-**  
 Name : UJJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 Code : UJVN0002207

FOR ANIL PHARMA  
  
 Authorised Signatory

Grand Total  
 33565.00

### Terms & Conditions

Once sold will not be taken back or exchanged.  
 If not paid due date will attract 24% interest.  
 Disputes subject to Jurisdiction only.