



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPP66291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001681	Bill No.	
Invoice Date	13-01-2024	L.R. Date	13-01-2024
P.O. No.	24695	Cases	7
P.O. Date	05-01-2024	Due Date	13-05-2024
Transport :-			
E-Way Bill NO :-			
VEHICLE NO. :-			
STATION :-	09-UTTAR PRADESH		

Duplicate for Transporter

7 Box
871kg

BILL TO :
 DCDC DISTRICT HOSPITAL MAINPURI
 DIALYSIS CENTER, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL, MAINPURI State : 09
 UTTAR PRADESH-205001
 PHONE : 9713740406

SHIPPED TO
 Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL, MAINPURI
 UTTAR PRADESH - 205001
 NUMBER :- 7695170396

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DIS AMT.	IGST PAYABLE	PAYABLE	CRDR NOTE
IGST 5.00%	587.50	0.00	0.00	29.38	29.38	0.00	0.00	0.00	
IGST 12.00%	36078.00	0.00	0.00	4329.36	4329.36	0.00	4567.54	0.00	
IGST 18.00%	1160.00	0.00	0.00	208.80	208.80	0.00	0.00	0.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	37825.50	0.00	0.00	4567.54	4567.54	0.00	4567.54	0.00	

Rs. Forty Six Thousand Two Hundred Twenty Two Only

MSG:

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 All disputes subject to Jurisdiction only.
 Bills not paid due date will attract 24% interest.

FOR ANIL PHARMA

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code DCC08910 (Nagendra Pratap)
 Centre Name H.D. Mainpuri (U.P.)
 Date/Time 13.01.2024 16:15:11
 Signature M. No. 7895170086

Authorised Signatory

Continue Page...



ANIL PHARMA

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GST INVOICE

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Duplicate for Transporter

Invoice No	A001681	Bill No.	
Invoice Date	13-01-2024	L.R. Date	13-01-2024
P.O. No.	24635	Cases	7
P.O. Date	08-01-2024	Del. No.	13-01-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :- 05-UTTAR PRADESH			

BILL TO :
 DDC DISTRICT HOSPITAL MAINPURI
 DIALYSIS CENTER, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL, MAINPURI State : 09
 UTTAR PRADESH-205001
 PHONE : 9713740406

SHIPPED TO :
 DISTRICT HOSPITAL
 DIALYSIS UNIT, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL, MAINPURI
 UTTAR PRADESH - 205001
 NUMBER :- 7895170001

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	DIS AMT.	IGST PAYABLE	PAYABLE	Round off	CR/DR NOTE
IGST 5.00%	587.50	0.00	0.00	29.38	29.38	19	808	0.00	5151.64	0.00	0.00	
IGST 12.00%	36078.00	0.00	0.00	4329.36	4329.36			0.00	5151.64	0.00	0.00	
IGST 18.00%	4405.00	0.00	0.00	792.90	792.90			0.00	5151.64	0.00	-0.14	
IGST 28 %	0.00	0.00	0.00	0.00	0.00			0.00	5151.64	0.00	0.00	
TOTAL	41070.50	0.00	0.00	5151.64	5151.64							0.00

Rs. Forty Six Thousand Two Hundred Twenty Two 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 Received :-

Subject to Physical Check
 Name/Employee Code : *N. Srinivasan (19.11.16 PM)*
 Centre Name : *H.D. Madhavani, C.R. 19.11.16 PM*
 Date/Time : *15.01.2024*
 Signature : *N. Srinivasan* M. No. : *7895170006*

FOR ANIL PHARMA

Authorised Signatory

Grand Total

46222.00

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