

Extra Copy

GST INVOICE

BILL TO :

DCDC CIVIL HOSPITAL JAGADHARI
CIVIL HOSPITAL , NEAR GOVT . REST HOUSE
JAGADHARI State : 06

PHONE. : 8506000536

SHIPPED TO

Name :- CIVIL HOSPITAL

Address:- DIALYSIS UNIT, CIVIL HOSPITAL

NEAR GOVT. REST HOUSE, JAGADHARI

HARYANA - 135003

NUMBER :- 8506000536

Invoice No	A001549	Bill No.	
Invoice Date	20-12-2023	L.R. Date	20-12-2023
P.O. No.	24540	Cases	0
P.O. Date	07-12-2023	Due Date	18-04-2024

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



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 : anipharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)		65					0.00	230.00	0.00	12.00	1794.00	0.00	14950.00

Stocking No. of Boxes Received 5 Box
Subjected to Physical Check Nela / D.01/2023
Name/Employee Code CK/Agg/23/12/23
Centre Name I.D.P. M. No. 8868000136
Date/Time
Signature P. Anil

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	DISAMT.	IGST PAYABLE	PAYABLE	Round off	CR/DR NOTE
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	0.00	1794.00	0.00	0.00	0.00
IGST 12.00%	14950.00	0.00	0.00	1794.00	1794.00	65	0.00	1794.00	1794.00	0.00	0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
TOTAL	14950.00	0.00	0.00	1794.00	1794.00						0.00

Rs. Sixteen Thousand Seven Hundred Forty Four 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 DELHI Jurisdiction only.

Grand Total
16744.00

Authorised Signatory