



ANIL PHARMA

G-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
DL No : 20B-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
E-Mail anilpharma1997@gmail.com

GST INVOICE

| | | | |
|-----------------------|------------|-----------|------------|
| Invoice No | A000737 | Bill No. | |
| Invoice Date | 13-08-2023 | L.R. Date | 13-08-2023 |
| P.O. No. | 23360 | Cases | 0 |
| P.O. Date | 07-08-2023 | Due Date | 11-12-2023 |
| Transport :- | | | |
| E-WAY BILL NO :- | | | |
| VEHICLE NO :- | | | |
| STATION :- 06-HARYANA | | | |

Duplicate for Transporter

BILL TO :
DCCD CIVIL HOSPITAL REWARI
CIVIL HOSPITAL, KAYSTHWARA-MOHALLA
REWARI State 06
HARYANA
PHONE : 8930388314

SHIPPED TO
Name :- CIVIL HOSPITAL
Address:- DIALYSIS UNIT, CIVIL HOSPITAL
KAYASTHWARA MOHALLA, REWARI
HARYANA - 123401
NUMBER :- 9817435163

| 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) | | 20 | | 2307DF0 | | 6/28 | 0.00 | 230.00 | 0.00 | 12.00 | 552.00 | 0.00 | 4600.00 |
| 2 | 3005 | G PLAST | | 5 | | 26706023 | | 5/28 | 0.00 | 75.00 | 0.00 | 12.00 | 45.00 | 0.00 | 375.00 |
| 3 | 9018 | HYPODERMIC STERILE SYRINGE 5ML | 1*100 | 9 | | 23705023 | | 4/28 | 0.00 | 195.00 | 0.00 | 12.00 | 210.60 | 0.00 | 1755.00 |
| 4 | 9018 | HYPODERMIC STERILE SYRINGE 10M | 1*50 | 14 | | LE30292 | | 2/26 | 0.00 | 175.00 | 0.00 | 12.00 | 294.00 | 0.00 | 2450.00 |
| 5 | 30049091 | INH ASTHALIN RESPULES | | 40 | | Z20501122A | | 11/25 | 0.00 | 5.30 | 0.00 | 12.00 | 25.44 | 0.00 | 212.00 |
| 6 | 30022012 | INH BEVAC 10ML | | 5 | | A23021E | | 3/25 | 0.00 | 595.00 | 0.00 | 12.00 | 148.75 | 0.00 | 2975.00 |
| 7 | 3004 | INH CARNIXOL | 1*50 | 1 | | RE-90 | | 3/25 | 0.00 | 19.65 | 0.00 | 12.00 | 27.60 | 0.00 | 9825.00 |
| 8 | 30049099 | INH ETOPHYLINE & THEOPHYLINE 1 | | 25 | | Z3GFO7M | | 5/25 | 0.00 | 230.00 | 0.00 | 12.00 | 42.90 | 0.00 | 230.00 |
| 9 | 3004 | INH PANTAPROZOLE 40MG | | 600 | | HCR23007 | | 4/26 | 0.00 | 14.30 | 0.00 | 12.00 | 468.00 | 0.00 | 357.50 |
| 10 | 9018 | IV SET ECO | | 1 | | HS031L | | 6/26 | 0.00 | 6.50 | 0.00 | 18.00 | 104.40 | 0.00 | 580.00 |
| 11 | 3808 | KLACII LIQUID HAND SANITIZER 5 | | 20 | | Z307088 | | 10/25 | 0.00 | 75.00 | 0.00 | 12.00 | 180.00 | 0.00 | 1500.00 |
| 12 | 3005 | MICROPORE 3" | | 10 | | CPTV1513 | | 10/25 | 0.00 | 150.00 | 0.00 | 12.00 | 180.00 | 0.00 | 1500.00 |
| 13 | 9018 | SHARP CONTAINER PLASTIC 3LTR | | 10 | | 0.00 | | | 0.00 | 9.50 | 0.00 | 12.00 | 11.40 | 0.00 | 95.00 |
| 14 | 30049069 | TAB BIOCETAMOL 500MG | | 200 | | 0.00 | | | 0.00 | 6.00 | 0.00 | 12.00 | 144.00 | 0.00 | 1200.00 |
| 15 | 9018 | VACCUTAINER EDTA | | 200 | | 0.00 | | | 0.00 | 5.50 | 0.00 | 12.00 | 132.00 | 0.00 | 1100.00 |
| 16 | 9018 | VACCUTAINER PLAIN | | 200 | | 0.00 | | | 0.00 | | 0.00 | | | 0.00 | |

| CLASS | TOTAL | SCHEME | DISCOUNT | IGST | TOTAL IGST | Total Items :- | Total Qty :- |
|--------------|-----------------|-------------|-------------|----------------|----------------|----------------|--------------|
| IGST 5.00% | 2975.00 | 0.00 | 0.00 | 148.75 | 148.75 | 16 | 1660 |
| IGST 12.00% | 29099.50 | 0.00 | 0.00 | 3491.94 | 3491.94 | | |
| IGST 18.00% | 580.00 | 0.00 | 0.00 | 104.40 | 104.40 | | |
| IGST 28 % | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | |
| TOTAL | 32654.50 | 0.00 | 0.00 | 3745.09 | 3745.09 | | |

Rs. Thirty Six Thousand Four Hundred Only

Stock No. of Boxes Received

OUR BANK DETAILS AS :-
Bank Name : UJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN0002207

Signature: *[Signature]*
Date: *[Date]*
M. No. *[M. No.]*

FOR ANIL PHARMA
Authorized Signatory

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
36400.00



ANIL PHARMA

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

GST INVOICE

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|----------------|--------------------------|-----------|------------|
| Invoice No | A000738 | Bill No. | |
| Invoice Date | 13-08-2023 | L.R. Date | 13-08-2023 |
| P.O. No. | 23360 | Cases | 0 |
| P.O. Date | 08-08-2023 | Due Date | 11-12-2023 |
| Transport :- | E-WAY BILL NO01359483101 | | |
| VEHICLE NO. :- | STATION :- 06-HARYANA | | |

BILL TO :
 DCDC CIVIL HOSPITAL REWARI
 CIVIL HOSPITAL, KAYASTHWARA MOHALLA
 REWARI State 06
 HARYANA
 PHONE : 8930388314

SHIPPED TO
 CIVIL HOSPITAL
 DIALYSIS UNIT, CIVIL HOSPITAL
 KAYASTHWARA MOHALLA, REWARI
 HARYANA - 123401
 NUMBER :- 9817435163

| S.N | HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount |
|--------------|----------|------------------------|------|-----|------|------------|-----|------|-------|--------|------|-------|-----------------|-------|----------|
| 1 | 30049099 | INJ HOSTRANIL 25000 IU | | 200 | | HHHE23010A | | 5/25 | 0.00 | 130.00 | 0.00 | 12.00 | 3120.00 | 0.00 | 26000.00 |
| TOTAL | | | | | | | | | | | | | 26000.00 | | |

Rs. Twenty Nine Thousand One Hundred Twenty Only

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

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.

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

FOR ANIL PHARMA
 Authorised Signatory

Grand Total
 29120.00