



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393\121B-137394
 GSTIN : 07AAPP6291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Original for Buyer

Invoice No	A000992	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23612	Cases	0
P.O. Date	19-09-2023	Due Date	17-01-2024

BILL TO :
 DCDC CIVIL HOSPITAL BHIMANI
 CIVIL HOSPITAL, NEAR PWD HOSPITAL
 GHANTA GHAR CHOWK BHIMANI Side 06
 HARYANA
 PHONE : 9729035169

SHIPPED TO
 CIVIL HOSPITAL
 DIALYSIS UNIT CH. BANSLAL CIVIL
 HOSPITAL, NEAR PWD OFFICE, GHANTAGHAR
 CHOWK, BHIMANI, HARYANA - 127021
 NUMBER :- 8506000716

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30049099	IND HOSTRANIL 25000 IU		200		HHHE23010A		5/25	0.00	130.00	0.00	12.00	3120.00	0.00	26000.00
2	996812	ADD FREIGHT CHARGES							0.00	450.00	0.00	18.00	81.00	0.00	450.00
TOTAL													26450.00		26450.00

Stock no. of Boxes Received 1
 Subj: 1 to Physical Check
 Narr: Employee Code
 Certificate Name
 Date of time
 M. No. 85070-00716

TOTAL	0.00	3120.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00
TOTAL IGST	0.00	81.00	0.00	81.00	0.00	81.00	0.00	81.00	0.00	81.00	0.00	81.00	0.00	81.00	0.00
TOTAL	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00	3201.00	0.00

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

Authorised Signatory

Grand Total
 29651.00