



# ANIL PHARMA

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

## GST INVOICE

Invoice No	A001959	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25404	Cases	2
P.O. Date	05-03-2024	Due Date	07-07-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 20-JHARKHAND

Original for Buyer

**BILL TO :**  
DCDC SADAR HOSPITAL SIMDEGA  
SADAR HOSPITAL , NH-23 , THANA TOLLI  
SALDEGA , SIMDEGA State : 20  
JHARKHAND-835223  
PHONE. : 8506000395

**SHIPPED TO**  
Name :- SADAR HOSPITAL  
Address:- DIALYSIS UNIT, SADAR HOSPITAL  
NH 23, THANA TOLI, SALDEGA  
SIMDEGA , JHARKHAND - 835223  
NUMBER :- 8506000395

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	0.00	750.00
2	30059040	FITSULA OFF KIT		300		0.00			0.00	7.85	0.00	12.00	282.60	0.00	0.00	2355.00
3	30059040	FITSULA ON-KIT		300		0.00			0.00	7.85	0.00	12.00	282.60	0.00	0.00	2355.00
4	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		68012023		11/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00	1750.00
5	9018	IV SET-ECO		500		HCR23027		12/26	0.00	6.50	0.00	12.00	390.00	0.00	0.00	3250.00
6	996812	Add FREIGHT CHARGES							0.00	1095.00	0.00	18.00	197.10	0.00	0.00	1095.00

Stock/No. of Boxes Received ..... 02 Boxes  
Subject to Physical Check  
Name/Employee Code ..... Chandni Lax 1DC01373  
Centre Name ..... PH - SIMDEGA  
Date/Time ..... 11/3/24 11:30 AM  
Signature ..... M. No. 985239824

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	750.00	0.00	0.00	37.50	0.00	37.50
IGST 12.00%	9710.00	0.00	0.00	1165.20	0.00	1165.20
IGST 18.00%	1095.00	0.00	0.00	197.10	0.00	197.10
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	11555.00	0.00	0.00	1399.80	0.00	1399.80

<b>TOTAL</b>	<b>11555.00</b>
DIS AMT.	0.00
IGST PAYBLE	1399.80
PAYBLE	0.00
Round off	0.20
CR/DR NOTE	0.00
	<b>0.00</b>

Rs. Twelve Thousand Nine Hundred Fifty Five Only

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

FOR ANIL PHARMA

Authorised Signatory

Grand Total  
12955.00

**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.