

Duplicate for Transporter

**GST INVOICE**

BILL TO :

DCDC KCGML KARNAL  
KALPANA CHAWLA GOVERNMENT MEDICAL COLLEGE, MODEL TOWN, KARNAL State : 06 HARYANA-132001  
PHONE : 9729050786

SHIPPED TO

KCGMC KARNAL  
DIALYSIS UNIT, KALPANA CHAWLA GOVT. MEDICAL COLLEGE, MODEL TOWN KARNAL, HARYANA - 132001  
NUMBER :- 8929946744

Invoice No	A000779	Bill No.	14-08-2023
Invoice Date	14-08-2023	L.R. Date	14-08-2023
P.O. No.	23357	Cases	0
P.O. Date	08-08-2023	Due Date	12-12-2023

Transport :- BY HAND

E-WAY BILL NØ71359705642

VEHICLE NO. 17-28

STATION :- 06-HARYANA



**ANIL PHARMA**

8, RAJAN BABU ROAD,  
ARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
No. : 20B-137393 \ 21B-137394  
PIN : 07AAPP6291A1ZR  
mail : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
30049099	INJ HOSTRANIL 25000 IU		300		HIHE23010A		5/25	0.00	130.00	0.00	12.00	4680.00	0.00	39000.00

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name of Supplier .....  
Centre .....  
Date/TIME .....  
Signature .....  
  
 Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name of Supplier .....  
Centre .....  
Date/TIME .....  
Signature .....

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
ST 5.00%	0.00	0.00	0.00	0.00	0.00	1	39000.00
ST 12.00%	39000.00	0.00	0.00	4680.00	4680.00	300	4680.00
ST 18.00%	0.00	0.00	0.00	0.00	0.00		0.00
ST 28 %	0.00	0.00	0.00	0.00	0.00		0.00
TOTAL	39000.00	0.00	0.00	4680.00	4680.00		39000.00

Forty Three Thousand Six Hundred Eighty Only

**BANK DETAILS AS :-**

Name : UJJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
Code : UJVN0002207

**Terms & Conditions**

Once sold will not be taken back or exchanged.  
Not paid due date will attract 24% interest.  
Disputes subject to Jurisdiction only.

FOR ANIL PHARMA



Authorized Signatory

Grand Total

43680.00