



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	A001405	Bill No.	
Invoice Date	26-11-2023	L.R. Date	26-11-2023
P.O. No.	24249	Cases	0
P.O. Date	06-11-2023	Due Date	25-03-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 07-DELHI

Duplicate for Transporter

BILL TO :
DCDC HEALTH SERVICES PVT. LTD.
C-185, FIRST FLOOR, MAYAPURI INDUS
AREA PHASE -2, MAYAPURI State -07
NEW DELHI-110064
PHONE : 9811561247

SHIPPED TO
Name :-
Address:-
NUMBER :-
KALRA HOSPITAL
DIALYSIS UNIT, KALRA HOSPITAL
A-4 5 6, TULSI DASS KALRA MARG
KIRTI NAGAR, NEW DELHI - 110015
8051755839

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount
1	9018	GREEN LIFE 5ML SYR		2		121023	9/28		0.00	195.00	0.00	6.00	23.40	6.00	23.40	390.00
CLASS		TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	TOTAL Items :-	Total Qty :-				DIS AMT.	SGST PAYABLE	CGST PAYABLE	Round off
		0.00	0.00	0.00	0.00	23.40	46.80	1	2				0.00	23.40	23.40	0.20
		0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00						0.00	0.00	0.00	0.00
TOTAL		390.00	0.00	0.00	23.40	23.40	46.80						23.40	6.00	23.40	0.00

Stock/No. of Boxes Received **D285X**
Subject to Physical Check
Name/Employee Code **D 10129**
Centre Name **KALRA HOSPITAL**
Date/Time **26/11/2023**
Signature **[Signature]** M. No. **8751755839**

Rs. Four Hundred Thirty Seven Only

OUR BANK DETAILS AS :-

Bank Name : UJIVAN 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

FOR ANIL PHARMA



Grand Total

437.00