



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	A001101	Bill No.	
Invoice Date	18-10-2023	L.R. Date	18-10-2023
P.O. No.	23840	Cases	0
P.O. Date	10-10-2023	Due Date	15-02-2024

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	3004	INJ ATROPINE SULPHATE 1ML*100	1*100	1		AT-170		3/25	0.00	288.00	0.00	5.00	14.40	0.00	288.00
2	3004	INJ CARNIXOL		24		MN23081G		3/25	0.00	19.65	0.00	12.00	56.59	0.00	471.60
3	30049099	INJ POTASSIUM CHLORIDE 10ML 1*	1*50	1		PC-205		5/25	0.00	300.00	0.00	12.00	36.00	0.00	300.00
4	3004	INJ RENOPHYLINE 10ML 1*50(R0	1*50	1		RP-116		9/24	0.00	285.00	0.00	12.00	34.20	0.00	285.00
5	996812	Add FREIGHT CHARGES							0.00	350.00	0.00	18.00	63.00	0.00	350.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	DIS AMT.	IGST PAYBLE	PAYBLE	Round off	CR/DR NOTE
IGST 5.00%	288.00	0.00	0.00	14.40	14.40	5	27	0.00	204.19	0.00	0.21	0.00
IGST 12.00%	1056.60	0.00	0.00	126.79	126.79			0.00	0.00	0.00	0.00	0.00
IGST 18.00%	350.00	0.00	0.00	63.00	63.00			0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			0.00	0.00	0.00	0.00	0.00
TOTAL	1694.60	0.00	0.00	204.19	204.19							

Rs. One Thousand Eight Hundred Ninety Nine Only

OUR BANK DETAILS AS :-

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.

FOR ANIL PHARMA

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No. 9152393824

Authorized Signatory

Grand Total

1899.00