



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393\21B-137394  
GSTIN : 07AAPP66291A1ZR  
E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Invoice No	A000736	Bill No.	
Invoice Date	12-08-2023	L.R. Date	12-08-2023
P.O. No.	23461	Cases	0
P.O. Date	08-08-2023	Due Date	10-12-2023
Transport :-	DELHIVERY PRIVATE LIMITED		
E-WAY BILL NO	N071359322766		
VEHICLE NO. :-			
STATION :-	09-UTTAR PRADESH		

Duplicate for Transporter

**BILL TO :**  
DCDC DISTRICT HOSPITAL, MUZAFFAR NAGAR  
DISTRICT HOSPITAL, RORKEE ROAD  
LADDAWALA State : 09  
UP-251001  
PHONE : 9634720912

**SHIPPED TO**  
DISTRICT HOSPITAL  
DIALYSIS UNIT, DISTRICT HOSPITAL  
RORKEE ROAD, LADDAWALA  
MUZAFFAR NAGAR, UTTAR PRADESH - 251001  
NUMBER :- 9634720912

S/N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30049099	INJ HOSTRANIL 25000 IU		100		HHH23010A		5/25	0.00	130.00	0.00	12.00	1560.00	0.00	13000.00
		<b>TOTAL</b>													<b>13000.00</b>
		IGST 5.00%													0.00
		IGST 12.00%													1560.00
		IGST 18.00%													0.00
		IGST 28 %													0.00
		<b>TOTAL</b>													<b>0.00</b>

**TOTAL**  
DIS AMT. 0.00  
IGST PAYABLE 1560.00  
PAYABLE 0.00  
Round off 0.00  
CR/DR NOTE 0.00

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

**Stock/No. of Boxes Received**   
Subject to Physical Check   
Name/Employee Code *Soni*  
Centre Name *Muzaffarnagar DNT*  
Date/Time *12/8/23* *M. No. 9634720912*  
Signature *[Signature]*

**FOR ANIL PHARMA**  
Auth. Sign  
Authorised Signatory

**Grand Total**  
14560.00

**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.