



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	A000679	Bill No.	
Invoice Date	11-08-2023	L.R. Date	11-08-2023
P.O. No.	23420	Cases	7
P.O. Date	07-08-2023	Due Date	09-12-2023

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO 01359007774
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

Duplicate for Transporter

BILL TO :
DCDC DISTRICT HOSPITAL GHAZIPUR
DISTRICT HOSPITAL , DISLYSIS UNIT
GORABAZAR, GHAZIPUR State .09
UTTAR PRADESH-233002
PHONE. : 8115409765

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
GORABAZAR , GHAZIPUR
UTTAR PRADESH - 233002
NUMBER :- 8115409765

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	6210	BUFFANT CAP		500		0.00			0.00	0.90	0.00	5.00	22.50	0.00	450.00
2	3004	CIPLADINE OINTMENT		5		SPG230004		2/25	0.00	19.00	0.00	12.00	11.40	0.00	95.00
3	3005	DYNAPLAST		10		0.00			0.00	149.50	0.00	12.00	179.40	0.00	1495.00
4	4015	EXAM GLOVES (M)		40					0.00	230.00	0.00	12.00	1104.00	0.00	9200.00
5	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00
6	3005	G PLAST		60		2303BD0		2/28	0.00	75.00	0.00	12.00	540.00	0.00	4500.00
7	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		26706023		5/28	0.00	195.00	0.00	12.00	117.00	0.00	975.00
8	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		23705023		4/28	0.00	175.00	0.00	12.00	420.00	0.00	3500.00
9	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		200		Q22AM065		1/24	0.00	5.10	0.00	12.00	122.40	0.00	1020.00
10	30049079	INJ DYTOR 2ML (TORSELAX)		20		A22623A		11/24	0.00	11.00	0.00	12.00	26.40	0.00	220.00
11	30049039	INJ MAGNESIUM SULPHATE 50%	1*50	1		MS-154		1/25	0.00	380.00	0.00	12.00	45.60	0.00	380.00
12	30049069	INJ ONDION (EMSET)		200		Q23AM016		12/24	0.00	4.80	0.00	12.00	115.20	0.00	960.00
13	3004	INJ PANTAPROZOLE 40MG		50		23GF07M		5/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00
14	30049039	INJ REVIL		200		W010		12/24	0.00	3.30	0.00	12.00	79.20	0.00	660.00
15	30049099	INJ TRANEXA 5ML (TEXACOT)		25		MN23096D		3/25	0.00	33.50	0.00	5.00	41.88	0.00	837.50
16	9018	IV SET-ECO		1000		HCR23007		4/26	0.00	6.50	0.00	12.00	780.00	0.00	6500.00
17	3005	MICROPORE 2"		60		2307088		6/26	0.00	46.60	0.00	12.00	335.52	0.00	2796.00
18	30049087	POVINANZ M/B POWDER		30		N0130079		3/26	0.00	15.00	0.00	12.00	54.00	0.00	450.00
												TOTAL	35503.50		

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	2037.50	0.00	0.00	101.88	0.00	101.88
IGST 12.00%	33466.00	0.00	0.00	4015.92	0.00	4015.92
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	35503.50	0.00	0.00	4117.80	0.00	4117.80

DIS AMT.	0.00
IGST PAYBLE	4117.80
PAYBLE	0.00
CR/DR NOTE	0.00

Rs. Forty Three Thousand Seven Hundred Forty Eight Only

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MSG:
Terms & Conditions
Goods once sold will not be taken back or exchanged.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

FOR ANIL PHARMA
Authorized Signatory



Stock/No. of Boxes Received 7 Boxes
Subject to Physical Check Done
Name/Employee Code D. G. 2113
Centre Name G. H. 2. D. M. 2. U. P.
Date/Time 16.08.23 5:40 PM
Signature [Signature] M. No. 811540976



ANIL PHARMA

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GSTIN : 07AAPP6291A1ZR
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GST INVOICE

Invoice No	A000679	Bill No.	
Invoice Date	11-08-2023	L.R. Date	11-08-2023
P.O. No.	23420	Cases	7
P.O. Date	07-08-2023	Due Date	09-12-2023

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL N001359007774
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

BILL TO :
DCDC DISTRICT HOSPITAL GHAZIPUR
DISTRICT HOSPITAL , DISLYSIS UNIT
GORABAZAR, GHAZIPUR State : 09
UTTAR PRADESH-233002
PHONE. : 8115409765

SHIPPED TO

Name :- DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
Address:- GORABAZAAR , GHAZIPUR
UTTAR PRADESH - 233002
NUMBER :- 8115409765

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
19	9018	RMS CANULA 18NO		20		G21042354	6/21	3/26	0.00	8.00	0.00	12.00	19.20	0.00	0.00	160.00
20	3901	SHOE COVER		700		000			0.00	1.95	0.00	18.00	245.70	0.00	0.00	1365.00
21	996812	Add FREIGHT CHARGES							0.00	1980.00	0.00	18.00	356.40	0.00	0.00	1980.00
													TOTAL			35503.50

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	2037.50	0.00	0.00	101.88	0.00	21		DIS AMT. 0.00
IGST 12.00%	33626.00	0.00	0.00	4035.12	0.00	3646		IGST PAYBLE 4739.10
IGST 18.00%	3345.00	0.00	0.00	602.10	0.00			PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off 0.40
TOTAL	39008.50	0.00	0.00	4739.10	4739.10			CR/DR NOTE 0.00

Rs. Forty Three Thousand Seven Hundred Forty Eight 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.

Stock/No. of Boxes Received 7 boxes
Subject to Physical Check Done
Name/Employee Code D.C. 02113
Centre Name Ghazipur
Date/Time 16/08/23 5:30 PM
Signature M. No.

FOR ANIL PHARMA

Auth
Authorized Signatory

Signature 8115409765

Grand Total

43748.00





ANIL PHARMA

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ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Duplicate for Transporter

BILL TO :
DCDC DISTRICT HOSPITAL GHAZIPUR
DISTRICT HOSPITAL , DISLYSIS UNIT
GORABAZAR, GHAZIPUR State : 09
UTTAR PRADESH-233002
PHONE. : 8115409765

Invoice No	A000680	Bill No.	
Invoice Date	11-08-2023	L.R. Date	11-08-2023
P.O. No.	23420	Cases	0
P.O. Date	07-08-2023	Due Date	09-12-2023
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NØ71359007957			
VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

SHIPPED TO

Name :- DISTRICT HOSPITAL
DIALYSIS UNIT , DISTRICT MALE HOSPITAL
Address:- GORABAZAAR , GHAZIPUR
UTTAR PRADESH - 233002
NUMBER :- 8115409765

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		200		HIHE23010A		5/25	0.00	130.00	0.00	12.00	3120.00	0.00	0.00	26000.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1		DIS AMT. 0.00
IGST 12.00%	26000.00	0.00	0.00	3120.00	3120.00	200		IGST PAYBLE 3120.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off 0.00
TOTAL	26000.00	0.00	0.00	3120.00	3120.00			CR/DR NOTE 0.00

Rs. Twenty Nine Thousand One Hundred Twenty Only

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 2 boxes
Subject to Physical Check Done
Name/Employee Code D. 02113
Centre Name G. Hazipur
Date/Time 11/08/23 5:49 PM
Signature M. No. 8115409765

FOR ANIL PHARMA



Authorized Signatory

Grand Total
29120.00

Terms & Conditions

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