

Original for Buyer

GST INVOICE

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

SHIPPED TO
 Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
 MUZAFFAR NAGAR, UTTAR PRADESH-251001
 NUMBER :- 9634720912

Invoice No	A001391	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24142	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

Transport :-
 E-WAY BILL NO. :-
 VEHICLE NO. :-
 STATION :- 09-UTTAR PRADESH



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 : anipharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	GREEN LIFE 5ML SYR		1		121023		9/28	0.00	195.00	0.00	12.00	23.40	0.00	195.00
2	996812	Add FREIGHT CHARGES							0.00	180.00	0.00	18.00	32.40	0.00	180.00

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check OK
 Name/Employee Code OK
 Centre Name Muzaffar Nagar Unit
 Date/Time 25/11/23
 Signature [Signature] M. No. 9634720912

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2	
IGST 12.00%	195.00	0.00	0.00	23.40	23.40	1	
IGST 18.00%	180.00	0.00	0.00	32.40	32.40		
IGST 28 %	0.00	0.00	0.00	0.00	0.00		
TOTAL	375.00	0.00	0.00	55.80	55.80		

Rs. Four Hundred Thirty One 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

Authorised Signatory

Grand Total
 431.00

TOTAL	DIS AMT.	IGST PAYABLE	Round off	CR/DR NOTE
375.00	0.00	55.80	0.00	0.00