



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPPG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A000330	L.R. No.	
Invoice Date	10-06-2023	L.R. Date	10-06-2023
P.O. No.	22495-1	Cases	0
P.O. Date	05-05-2023	Due Date	08-10-2023

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

Original for Buyer

BILL TO :
 DDCD DISTRICT HOSPITAL KASGANJ
 DIALYSIS CENTER, DDISTRICT HOSPITAL
 VILLAGE MOMMONI DIST. KASGANJ State : 09
 UTTAR PRADESH-207123
 PHONE : 9584802753

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, COMBINED DISTRICT
 HOSPITAL, NEAR DISTRICT COURT
 KASGANJ, UTTAR PRADESH-207123
 NUMBER :- 9584802753

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	IV SET-ECO		250		NG910123		12/27	0.00	6.50	0.00	12.00	195.00	0.00	1625.00
				<i>Total-150</i>											
				<i>Return entry</i>											
CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-								
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	250								
IGST 12.00%	1625.00	0.00	0.00	195.00	195.00										
IGST 18.00%	0.00	0.00	0.00	0.00	0.00										
IGST 28 %	0.00	0.00	0.00	0.00	0.00										
TOTAL	1625.00	0.00	0.00	195.00	195.00										

TOTAL	1625.00
DIS AMT.	0.00
IGST PAYBLE	195.00
PAYBLE	0.00
Round off	0.00
CRDR NOTE	0.00

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

HMIS entry
Remeliny

FOR ANIL PHARMA
 Authorised Signatory

Grand Total
 1820.00

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.