



ANIL PHARMA

8, RAJAN BABU ROAD,
 ARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 No. : 20B-137393 \ 21B-137394
 TIN : 07AAPP6291A1ZR
 Mail : anilpharma1997@gmail.com

GST INVOICE

| | | | |
|--------------|------------|-----------|------------|
| Invoice No | A000670 | Bill No. | 11-08-2023 |
| Invoice Date | 11-08-2023 | L.R. Date | 0 |
| P.O. No. | 23448 | Cases | 0 |
| P.O. Date | 08-08-2023 | Due Date | 09-12-2023 |

Transport :- DELHIVERY PRIVATE LIMITED
 E-WAY BILL NØ71358994436
 VEHICLE NO. :-
 STATION :- 20-JHARKHAND

Duplicate for Transporter

BILL TO :
 DCDC SADAR HOSPITAL BOKARO
 SADAR HOSPITAL,
 CAMP NO-2, BOKARO- State : 20
 JHARKHAND-827001
 PHONE : 8506000228

SHIPPED TO
 Name :- SADAR HOSPITAL
 DIALYSIS UNIT, SADAR HOSPITAL
 ROOM NO-208, CAMP NO-2, NEAR DC OFFICE
 BOKARO, JHARKHAND - 827001
 NUMBER :- 8506000228

| HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount |
|----------|------------------------|------|-----|------|------------|-----|------|-------|--------|------|-------|---------|-------|----------|
| 30049099 | INJ HOSTRANIL 25000 IU | | 200 | | HIHE23010A | | 5/25 | 0.00 | 130.00 | 0.00 | 12.00 | 3120.00 | 0.00 | 26000.00 |



1
 Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No. : 8506000228

| CLASS | TOTAL | SCHEME | DISCOUNT | IGST | TOTAL IGST | TOTAL | DISCOUNT | IGST | TOTAL IGST | TOTAL | DISCOUNT | IGST | TOTAL |
|--------------|-----------------|-------------|-------------|----------------|----------------|-------------|-------------|----------------|----------------|-------------|-------------|----------------|-----------------|
| 5.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 12.00% | 26000.00 | 0.00 | 0.00 | 3120.00 | 3120.00 | 0.00 | 0.00 | 3120.00 | 3120.00 | 0.00 | 0.00 | 3120.00 | 3120.00 |
| 18.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 28.00% | 0.00 | 0.00 | 0.00 | -0.00 | -0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | 26000.00 | 0.00 | 0.00 | 3120.00 | 3120.00 | 0.00 | 0.00 | 3120.00 | 3120.00 | 0.00 | 0.00 | 3120.00 | 26000.00 |

FOR ANIL PHARMA

 Authorised Signatory

FOR BANK DETAILS AS :-
 Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 C Code : UJVN0002207

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

Grand Total
 29120.00