

Duplicate for Transporter

**GST INVOICE**

**BILL TO :**  
DCDC DISTRICT HOSPITAL MAU  
DISTRICT HOSPITAL, NEAR GHAZIPUR TIRAHA  
MAU, UTTAR PRADESH- 275101 State : 09

PHONE :- 9716387059

**SHIPPED TO**

Name :- DISTRICT HOSPITAL  
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL  
NEAR GHAZIPUR TIRAHA, MAU  
UTTAR PRADESH - 275101  
NUMBER :- 9716387059

Invoice No	A001277	Bill No.	16-11-2023
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24138	Cases	5
P.O. Date	06-11-2023	Due Date	15-03-2024

Transport :- DELIVERY PRIVATE LIMITED  
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 : 07AAAPGG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00	
2	30059040	FITSULA ON-KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00	4000.00	
3	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	4		34707023		6/28	0.00	175.00	0.00	12.00	84.00	0.00	700.00	
4	3004	INJ BIOCETAMOL (PYREMQL) 2ML 1		50		13G011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	255.00	
5	3004	INJ HYDROCOTISONE 100MG (EFFCO)		50		MN23205A		8/25	0.00	23.50	0.00	5.00	58.75	0.00	1175.00	
6	30049069	INJ ONDION ( EMSET )		50		MN23214A		8/25	0.00	4.80	0.00	12.00	28.80	0.00	240.00	
7	3004	INJ PANTAPROZOLE 40MG		50		MN23204B		8/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00	
8	30049039	INJ REVIL		50		W011		12/24	0.00	3.30	0.00	12.00	19.80	0.00	165.00	
9	30051020	MEDIGRIP ADHESIVE TAPE 5CMX5M		5		C.306331		5/26	0.00	75.00	0.00	12.00	45.00	0.00	375.00	
10	3005	MICROPORE 2"		120		2307088		6/26	0.00	46.60	0.00	12.00	671.04	0.00	5592.00	
11	30049087	POVINANZ 5% 2LTR ( BETADINE		2		N0130402		6/25	0.00	390.00	0.00	12.00	93.60	0.00	780.00	
12	30049087	POVINANZ M/B POWDER		2		N0130500		7/26	0.00	15.00	0.00	12.00	90.00	0.00	750.00	
13	996812	Add FREIGHT CHARGES		50					0.00	1685.00	0.00	18.00	303.30	0.00	1685.00	
<b>TOTAL</b>											<b>17182.00</b>	<b>17182.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<b>CLASS</b>	<b>TOTAL</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>Total Items :-</b>	<b>13</b>
IGST 5.00%	1925.00	0.00	96.25	0.00	Total Qty :-	1431
IGST 12.00%	13572.00	0.00	1628.64	0.00		
IGST 18.00%	1685.00	0.00	303.30	0.00		
IGST 28 %	0.00	0.00	0.00	0.00		
<b>TOTAL</b>	<b>17182.00</b>	<b>0.00</b>	<b>2028.19</b>	<b>0.00</b>		

Rs. Nineteen Thousand Two Hundred Ten 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**

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

Authorised Signatory

9716387059

Grand Total

19210.00



Duplicate for Transporter

# GST INVOICE

**BILL TO :**

DCDC DISTRICT HOSPITAL MAU  
DISTRICT HOSPITAL - NEAR GHAZIPUR TIRAHA  
MAU, UTTAR PRADESH-275101 State : 09

PHONE : 9716387059

**SHIPPED TO**

DISTRICT HOSPITAL  
DIALYSIS UNIT, DISTRICT HOSPITAL 3  
NEAR GHAZIPUR TIRAHA, MAU  
UTTAR PRADESH - 275101  
NUMBER :- 9716387059

Invoice No	A001278	Bill No.	16-11-2023
Invoice Date	16-11-2023	L.R. Date	0
P.O. No.	24226	Cases	15-03-2024
P.O. Date	06-11-2023	Due Date	

Transport :- DELHIVERY PRIVATE LIMITED

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 : 07AAAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)	40	40					0.00	230.00	0.00	12.00	1104.00	0.00	9200.00
<b>TOTAL</b>													<b>9200.00</b>	<b>0.00</b>	<b>0.00</b>

<b>CLASS</b>	<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>Total Items :-</b>	<b>1</b>
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	<b>Total Qty :-</b>	<b>40</b>
IGST 12.00%	9200.00	0.00	0.00	1104.00	1104.00		
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		
<b>TOTAL</b>	<b>9200.00</b>	<b>0.00</b>	<b>0.00</b>	<b>1104.00</b>	<b>1104.00</b>		

<b>DIS AMT.</b>	<b>0.00</b>
<b>IGST PAYBLE</b>	<b>1104.00</b>
<b>PAYBLE</b>	<b>0.00</b>
<b>Round off</b>	<b>0.00</b>
<b>CR/DR NOTE</b>	<b>0.00</b>
<b>0.00</b>	<b>0.00</b>

**FOR ANIL PHARMA**

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... M. No. ....  
Signature .....  
9716387059

**Authorised Signatory**

**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.

**Grand Total**  
**10304.00**