



# 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

Duplicate for Transporter

**BILL TO :**  
DCDC MGM HOSPITAL JAMSHEDPUR  
MGM HOSPITAL , EAST SINGHMAM BAGH SAKCHI  
DISTRICT JAMSHEDPUR State : 20

PHONE : 8506000152

**SHIPPED TO**

Name :- MGM HOSPITAL  
ADDRESS :- DISLYSIS UNIT, MGM HOSPITAL  
EAST SINGHBHAM SAKCHI, NEAR GANAG  
HOSPITAL JAMSHEDPUR, JHARKHAND-831001  
NUMBER :- 8506000152

Invoice No	A000488	L.R. No.	
Invoice Date	13-07-2023	L.R. Date	13-07-2023
P.O. No.	23134	Cases	0
P.O. Date	05-07-2023	Due Date	10-11-2023

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 20-JHARKHAND

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
4	4015	EXAM GLOVES (M)		10					0.00	230.00	0.00	12.00	276.00	0.00	0.00	2300.00
5	63079090	FACE MASK 3 PLY EARLOOP BLUE		100		0.00			0.00	1.50	0.00	5.00	7.50	0.00	0.00	150.00
6	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	1		26406023		5/28	0.00	195.00	0.00	12.00	23.40	0.00	0.00	195.00
7	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	3		18704023		3/28	0.00	175.00	0.00	12.00	63.00	0.00	0.00	525.00
8	9018	IV SET-ECO		100		HCR23007		4/26	0.00	6.50	0.00	12.00	78.00	0.00	0.00	650.00
9	3005	MICROPORE 3"		20		2305044		4/26	0.00	75.00	0.00	12.00	180.00	0.00	0.00	1500.00
10	30049069	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	11.40	0.00	0.00	95.00
11	996812	Add FREIGHT CHARGES							0.00	500.00	0.00	18.00	90.00	0.00	0.00	500.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST		TOTAL
IGST 5.00%	150.00	0.00	0.00	7.50	0.00	7.50	DIS AMT. 0.00
IGST 12.00%	5265.00	0.00	0.00	631.80	0.00	631.80	IGST PAYBLE 729.30
IGST 18.00%	500.00	0.00	0.00	90.00	0.00	90.00	PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	Round off -0.30
<b>TOTAL</b>	<b>5915.00</b>	<b>0.00</b>	<b>0.00</b>	<b>729.30</b>	<b>0.00</b>	<b>729.30</b>	CR/DR NOTE <b>0.00</b>

Rs. Six Thousand Six Hundred Forty Four 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 1 BOX  
Subject to Physical Check  
Name/Employee Code DC00078  
Centre Name MGM HOSPITAL JAMSHEDPUR  
Date/Time 24.7.2023 at 11:30 AM  
Signature [Signature] M. No. 7988477040

FOR ANIL PHARMA  
Auth Sign.  
DELHI  
Authorised Signatory

**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  
6644.00