



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:- DIALYSIS UNIT, MGM HOSPITAL
EAST SINGHBHAM SAKCHI DISTT., JAMSHEDPUR
JHARKHAND - 831001
NUMBER :- 8506000152

Invoice No	A000874	Bill No.	
Invoice Date	13-09-2023	L.R. Date	13-09-2023
P.O. No.	23707	Cases	0
P.O. Date	06-09-2023	Due Date	11-01-2024

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
1	4015	EXAM GLOVES (M)		20											
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		200		0.00			0.00	230.00	0.00	12.00	552.00	0.00	0.00
3	30059040	FITSULA OFF KIT		200		0.00			0.00	1.50	0.00	5.00	15.00	0.00	0.00
4	30059040	FITSULA ON-KIT		200		0.00			0.00	8.00	0.00	12.00	192.00	0.00	0.00
5	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	1		35607023		6/28	0.00	8.00	0.00	12.00	192.00	0.00	0.00
6	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	4		23705023		4/28	0.00	195.00	0.00	12.00	23.40	0.00	0.00
7	9018	IV SET-ECO		100		23060260C		5/26	0.00	175.00	0.00	12.00	84.00	0.00	0.00
8	3005	MICROPORE 3"		20		2307088		6/26	0.00	6.50	0.00	12.00	78.00	0.00	0.00
9	996812	Add FREIGHT CHARGES							0.00	75.00	0.00	12.00	180.00	0.00	0.00
									0.00	1360.00	0.00	18.00	244.80	0.00	0.00

Stock/No. of Boxes Received 3
Subject to Physical Check
Name/Employee Code DC00078
Centre Name MGM JAMSHEDPUR
Date/Time 18.9.23 at 11:00
Signature M. No. 7988457040

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	300.00	0.00	0.00	15.00	0.00	15.00
IGST 12.00%	10845.00	0.00	0.00	1301.40	0.00	1301.40
IGST 18.00%	1360.00	0.00	0.00	244.80	0.00	244.80
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	12505.00	0.00	0.00	1561.20	0.00	1561.20

Rs. Fourteen Thousand Sixty Six Only

OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN0002207

FOR ANIL PHARMA

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

14066.00

TOTAL	12505.00
DIS AMT.	0.00
IGST PAYBLE	1561.20
PAYBLE	0.00
Round off	-0.20
CR/DR NOTE	0.00
	0.00