



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPPGG6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001840	Bill No.	09-02-2024
Invoice Date	09-02-2024	L.R. Date	0
P.O. No.	25031	Cases	08-06-2024
P.O. Date	07-02-2024	Due Date	

Transport :-
E-WAY BILL NO :-
VEHICLE NO :-
STATION :- 06-HARYANA

BILL TO :
DCDC PREM HOSPITAL PANIPAT
PREM HOSPITAL, LHDM & DR PREM HOSPITAL
BISHAN SARUP COLONY OPP. BUS STAND STATE : 06
PANIPAT HARYANA-132103
PHONE : 9671899298

SHIPPED TO
Name :- PREM HOSPITAL
Address:- DIALYSIS UNIT, PREM HOSPITAL
BISHAN SARUP COLONY, OPP. BUS STAND
PANIPAT, HARYANA - 132103
NUMBER :- 9671899298

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		68012023		11/28	0.00	175.00	0.00	12.00	210.00	0.00	1750.00
2	9018	IV SET-ECO		300		HCR23025		11/26	0.00	6.50	0.00	12.00	234.00	0.00	1950.00
3	3005	MICROPORRE 3"		40		2312223		11/26	0.00	75.00	0.00	12.00	360.00	0.00	3000.00
4	30049087	POVINANZ M/B POWDER		10		N0140108		12/26	0.00	15.00	0.00	12.00	18.00	0.00	150.00
5	9018	SHARP CONTAINER PLASTIC 3LTR		3					0.00	150.00	0.00	12.00	54.00	0.00	450.00
6	996812	ADD FREIGHT CHARGES							0.00	790.00	0.00	18.00	142.20	0.00	790.00
TOTAL										1018.20			1018.20		8090.00

Stock/No. of Boxes Received 01.....
Subject to Physical Check
In the Event of any Code Mismatch
Centre Name :- Prem Hospital
Date/Time :- 09/02/24 10:00 AM
Signature :- [Signature] M. No. :- 9255003299

Rs. Nine Thousand One Hundred Eight Only

OUR BANK DETAILS AS :-
Bank Name : UJIVAN 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
[Stamp: ANIL PHARMA DELHI]
Authorized Signatory

Grand Total
9108.00