



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

Invoice No	A001127
Invoice Date	19-10-2023
P.O. No.	23940
P.O. Date	10-10-2023
Transport :-	
E-WAY BILL NO :-	
VEHICLE NO. :-	
STATION :-	06-HARYANA

Original for Buyer
BILL TO :
 DCDC PREM HOSPITAL PANIPAT
 PREM HOSPITAL, LHDMT & 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

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature

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		34707023		6/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00
2	996812	Add FREIGHT CHARGES							0.00	450.00	0.00	18.00	81.00	0.00	450.00
TOTAL															
TOTAL															

OUR BANK DETAILS AS :-
 Bank Name : UJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 CSC Code : UJVN0002207

FOR ANIL PHARMA

 Authorised Signatory

TOTAL	2200.00	DIS AMT.	0.00
TOTAL	2200.00	IGST PAYABLE	291.00
TOTAL	2200.00	PAYABLE	0.00
TOTAL	2200.00	Round off	0.00
TOTAL	2200.00	CR/DR NOTE	0.00
Grand Total	2491.00		

Case 4