



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	A000843	Bill No.	
Invoice Date	04-09-2023	L.R. Date	04-09-2023
P.O. No.	23695-1	Cases	0
P.O. Date	04-09-2023	Due Date	02-01-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

Original for Buyer

BILL TO :
DCDC DISTRICT HOSPITAL, MUZAFFAR NAGAR
DISTRICT HOSPITAL, RORKEE ROAD
LADDHAWALA State - 09
UP-251001
PHONE. : 9634720912

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
RORKEE ROAD, LADDHAWALA
MUZAFFAR NAGAR, UTTAR PRADESH-251001
NUMBER :-

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	3004	INJ ADRENALINE 1ML 1*50(R)	1*50	2		AD-195		9/24	0.00	245.00	0.00	12.00	58.80	0.00	0.00	490.00

Stock/No. of Boxes Received *S.P.K*
Subject to Physical Check *OK*
Name/Employee Code *S.P.K*
Centre Name *Muzaffarnagar Unit*
Date/Time *9/23*
Signature *[Signature]* M. No. *9634720912*

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	
IGST 12.00%	490.00	0.00	0.00	58.80	58.80	DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	IGST PAYBLE 58.80
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
TOTAL	490.00	0.00	0.00	58.80	58.80	Round off 0.20 CR/DR NOTE 0.00

Rs. Five Hundred Forty Nine 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

Authorised Signatory

Grand Total

549.00