



# 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	A001729	Bill No.	
Invoice Date	18-01-2024	L.R. Date	18-01-2024
P.O. No.	24957	Cases	0
P.O. Date	17-01-2024	Due Date	17-05-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :- 09-UTTAR PRADESH			

Original for Buyer

**BILL TO :**  
DCCG LOKPRIYA HOSPITAL MODI NAGAR  
3RD FLOOR, LOKPRIYA HOSPITAL,  
NEAR AMBER CINEMA, MODI NAGAR State : 09  
UTTAR PRADESH - 201204  
PHONE : 7253990299

**SHIPPED TO**  
Name :- LOKPRIYA HOSPITAL  
Address:- DIALYSIS UNIT, LOKPRIYA HOSPITAL  
3RD FLOOR, NEAR AMBER CINEMA  
MODI NAGAR, UTTAR PRADESH - 201204  
NUMBER :- 7253990299

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount				
1	30069090	GAUZE SWAB	1*50	200		110222	2/22	1/27	0.00	6.00	0.00	12.00	144.00	0.00	1200.00				
2	9018	GREEN LIFE 10ML SYR	1*100	12		51210023	11/27	0.00	0.00	175.00	0.00	12.00	252.00	0.00	2100.00				
3	9018	HYPODERMIC STERILE SYRINGE 5ML	1*25	3		54111021	10/26	0.00	0.00	195.00	0.00	12.00	70.20	0.00	585.00				
4	30183100	HYPODERMIC 20ML SYRINGE	1*100	1		AT-171	6/25	0.00	0.00	250.00	0.00	5.00	30.00	0.00	250.00				
5	3004	INJ ATROPINE SULPHATE 1ML*100	1*100	1		13G011	6/25	0.00	0.00	288.00	0.00	12.00	14.40	0.00	288.00				
6	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		RS3080	6/25	0.00	0.00	5.10	0.00	12.00	30.60	0.00	255.00				
7	3004	INJ BUDICORT/BUDECEL RESPULES		20		MN232344	3/25	0.00	0.00	16.30	0.00	12.00	39.12	0.00	326.00				
8	3004	INJ BUSCOGAST 1*50		50		CG-382	8/25	0.00	0.00	9.90	0.00	12.00	59.40	0.00	495.00				
9	30049039	INJ CALCIUM GLOCONATE 10ML 1*5	1*50	1		AZ3342C	1/25	0.00	0.00	290.00	0.00	12.00	34.80	0.00	290.00				
10	3004	INJ DOPMINE 200MG 1*5 (DOMIN)		25		A22623A	8/25	0.00	0.00	16.00	0.00	5.00	20.00	0.00	400.00				
11	30049079	INJ DYTOR 2ML (TORSELAX)		20		MN23091A	11/24	0.00	0.00	11.00	0.00	12.00	26.40	0.00	220.00				
12	30049081	INJ EPSOLIN 2ML (1*7)		10		RE:92	3/25	0.00	0.00	9.90	0.00	12.00	11.88	0.00	99.00				
13	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		FM-123	10/25	0.00	0.00	230.00	0.00	12.00	27.60	0.00	230.00				
14	3804	INJ FRUSAMIDE 1*50 (R) / LASTI	1*50	1		A23261C	3/25	0.00	0.00	165.00	0.00	12.00	19.80	0.00	165.00				
15	3004	INJ MEDARONE 3ML (CORDRONE)		50		MN23233E	7/25	0.00	0.00	50.00	0.00	12.00	300.00	0.00	2500.00				
16	30043913	INJ MEPEDEX (DEXA)		50		AL2033	8/25	0.00	0.00	7.00	0.00	12.00	42.00	0.00	350.00				
17	30049099	INJ MIDAZOLAM 10ML (MIDFIX)		20		NB-01	10/24	0.00	0.00	45.50	0.00	12.00	109.20	0.00	910.00				
18	30042019	INJ NORAD 2ML		50			3/25	0.00	0.00	27.90	0.00	12.00	167.40	0.00	1395.00				
<b>CLASS TOTAL</b>													<b>12058.00</b>						
<b>IGST 5.00%</b>													688.00	0.00	34.40	0.00	34.40		
<b>IGST 12.00%</b>													1370.00	0.00	1364.40	0.00	1364.40		
<b>IGST 18.00%</b>													0.00	0.00	0.00	0.00	0.00		
<b>IGST 28 %</b>													0.00	0.00	0.00	0.00	0.00		
<b>TOTAL</b>													12058.00	0.00	1398.80	0.00	1398.80		

Rs. Forty Thousand One Hundred Sixty Three Only

Continue Page.. 2

### Terms & Conditions

Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only.  
Bills not paid due date will attract 24% Interest

### FOR ANIL PHARMA

Stock/No. of Boxes Received  
Name/Employee Code  
Signature





# 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

Page No : 2

Original for Buyer

Invoice No	A001729	Bill No.	
Invoice Date	18-01-2024	L.R. Date	18-01-2024
P.O. No.	24834	Cases	0
P.O. Date	17-01-2024	Due Date	17-05-2024

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

**BILL TO :**  
 DCCD, LOKPRIYA HOSPITAL MODI NAGAR  
 3RD FLOOR, LOKPRIYA HOSPITAL,  
 NEAR AMBER CINEMA, MODI NAGAR State : 09  
 UTTAR PRADESH - 201204  
 PHONE : 7253990299

**SHIPPED TO**  
 Name :- LOKPRIYA HOSPITAL  
 Address:- DIALYSIS UNIT, LOKPRIYA HOSPITAL  
 3RD FLOOR, NEAR AMBER CINEMA  
 MODI NAGAR, UTTAR PRADESH - 201204  
 NUMBER :- 7253990299

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
19	30049069	INJ ONDION ( EMSET )		100		MN23265A		9/25	0.00	4.80	0.00	12.00	57.60	0.00	12058.00
20	3004	INJ PANTAPROZOLE 40MG		50		MN23305B		10/25	0.00	14.30	0.00	12.00	85.80	0.00	480.00
21	30049099	INJ POTASSIUM CHLORIDE10ML 1*	1*50	1		PC-205		5/25	0.00	300.00	0.00	12.00	36.00	0.00	715.00
22	30049039	INJ REVIL		50		W532		8/25	0.00	3.30	0.00	12.00	19.80	0.00	300.00
23	3004	INJ S.B.C 10ML 1*50 (R)	1*50	1		SB-280		8/25	0.00	305.00	0.00	12.00	36.60	0.00	165.00
24	30049099	INJ TRANEXA 5ML (TEXACOT)		25		MN23239B		5/25	0.00	33.50	0.00	12.00	41.88	0.00	305.00
25	9018	IV SET-ECO		600		HCR23025		8/25	0.00	6.50	0.00	12.00	468.00	0.00	3900.00
26	3005	MICROPOR 3"		20		2312223		11/26	0.00	75.00	0.00	12.00	180.00	0.00	1500.00
27	9019	NASAL PRONG		3		0.00		11/26	0.00	32.00	0.00	12.00	11.52	0.00	96.00
28	9018	NASOPHARENGEAL AIRWAY 6NO		3		0.00		10/26	0.00	130.00	0.00	12.00	46.80	0.00	390.00
29	9019	NEBULIZER MACHINE		3		0.00		10/26	0.00	40.00	0.00	12.00	14.40	0.00	120.00
30	9019	OXYGEN MASK (PEDIA)		3		OXMA1122		10/26	0.00	40.00	0.00	12.00	14.40	0.00	120.00
31	90192010	OXYGEN MASK ADULT		3		0.00		10/26	0.00	950.00	0.00	12.00	342.00	0.00	2760.00
32	9018	PULSE OXYMETER		3		0.00		10/26	0.00	40.00	0.00	12.00	14.40	0.00	120.00
33	9019	RMS NASOPHARYNGEAL AIRWAY 7		3		0.00		10/26	0.00	135.00	0.00	12.00	48.60	0.00	2850.00
34	9018	RMS SUCTION CATHETER-16		3		0.00		10/26	0.00	8.90	0.00	12.00	3.20	0.00	405.00
35	9018	RMS SUCTION CATHETER PLAIN FG-12		3		0.00		10/26	0.00	8.90	0.00	12.00	3.20	0.00	26.70
<b>TOTAL</b>													21.36	0.00	178.00
<b>DIS AMT.</b>													0.00		
<b>IGST PAYBLE</b>													3157.96		
<b>PAYBLE</b>													0.00		
<b>CR/DR NOTE</b>													0.00		
<b>TOTAL</b>													27206.20		27206.20

Rs. Forty Thousand One Hundred Sixty Three Only

MSG:

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### FOR ANIL PHARMA

Authorised Signatory

Stock No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....  
 M. No. 8595942646

Continue Page.. 3



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAPPG6291A1ZR  
E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Page No : 3

Original for Buyer

Invoice No	A0017729	Bill No.	
Invoice Date	18-01-2024	L.R. Date	18-01-2024
P.O. No.	24934-24937	Cases	0
P.O. Date	17-01-2024	Due Date	17-05-2024

**BILL TO :**  
DCDC, LOKPRIYA HOSPITAL MODI NAGAR  
3RD FLOOR, LOKPRIYA HOSPITAL,  
NEAR AMBER CINEMA, MODI NAGAR State : 09  
UTTAR PRADESH - 201204  
PHONE : 7253990299

**SHIPPED TO**  
Name :- LOKPRIYA HOSPITAL  
Address:- DIALYSIS UNIT, LOKPRIYA HOSPITAL  
3RD FLOOR, NEAR AMBER CINEMA  
MODI NAGAR, UTTAR PRADESH - 201204  
NUMBER :- 7253990299

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount								
36	3901	SHOE COVER		300		0.00			0.00	1.95	0.00	18.00	105.30	0.00	0.00								
37	9019	STYLET 4.0		3		0.00			0.00	275.00	0.00	12.00	99.00	0.00	585.00								
38	3005	SUCTION CATHETER 14		3		G230510967			0.00	8.90	0.00	12.00	3.20	0.00	825.00								
39	4015	SURGICARE GLOVES 7NO		100		0.00	4/28		0.00	16.00	0.00	12.00	192.00	0.00	26.70								
40	4015	SURGICAREGLOVES 7.5		100		0.00			0.00	16.00	0.00	12.00	192.00	0.00	1600.00								
41	30049076	TAB ARKAMIN (CLODICT)		10		0.00			0.00	29.00	0.00	12.00	34.80	0.00	1600.00								
42	30049069	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	11.40	0.00	290.00								
43	30049039	TAB PEPTILCER40 MG (PANTOSEC)		25		SPA23130		4/25	0.00	34.25	0.00	12.00	102.75	0.00	95.00								
44	996812	Add FREIGHT CHARGES							0.00	2695.00	0.00	18.00	485.10	0.00	856.25								
<p>Stock/No. of Boxes Received .....</p> <p>Subject to Physical Check .....</p> <p>Name/Employee Code : <u>M. Manishu</u></p> <p>Centre Name : <u>Madinagar</u></p> <p>Date/Time : <u>28/11/24</u></p> <p>Signature : <u>[Signature]</u> M.No. : <u>85959412646</u></p>													TOTAL	27206.20		2695.00							
CLASS		TOTAL	IGST	TOTAL IGST	Total Items :-	44	Total Qty :-	2007	DIS AMT.		0.00	IGST PAYABLE		4383.51	PAYABLE		0.00	Round off		0.34	CR/DR NOTE		0.00
TOTAL		35779.15	4383.51	4383.51					Grand Total		40163.00												

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

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Goods once sold will not be taken back or exchanged.  
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**FOR ANIL PHARMA**  
Authorised Signatory

Grand Total  
40163.00