Original for Buyer

GST INVOICE

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

Invoice No	A001900	Bill No.	
Invoice Date	12-02-2024	L.R. Date	12-02-2024
P.O. No.	24937	Cases	1
P.O, Date	17-01-2024	Due Date	11-06-2024

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

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 :- 7217599274

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Value	Amount
1	90189012	STETHSCOPE ASC		2					0.00	185.00	0.00	12.00	44.40	0.00	0.00	370.00
2	996812	Add FREIGHT CHARGES							0.00	220.00	0.00	18.00	39.60	0.00	0.00	220.00

Stock/No. of Boxes Received ..... 1 Box.
Subject to Physical Check
Name/Employee Code ..... Himanshu .....
Centre Name ..... Madinagar .....
Date/Time ..... 13/2/24 .....
Signature ..... M. No. 8595-942646

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	370.00	0.00	0.00	44.40	0.00	44.40
IGST 18.00%	220.00	0.00	0.00	39.60	0.00	39.60
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	590.00	0.00	0.00	84.00	0.00	84.00

Total Items :- 2
Total Qty :- 2

TOTAL	**590.00**
DIS AMT.	0.00
IGST PAYBLE	84.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	**0.00**
	0.00

Rs. Six Hundred Seventy Four 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.

FOR ANIL PHARMA

Authorised Signatory

Grand Total

674.00