

Extra Copy

GST INVOICE

BILL TO :
 DDC REGIONAL HOSPITAL, UNA
 REGIONAL HOSPITAL UNA, HAMIRPUR ROAD
 UNA, HP State, 02

PHONE : 8506007744

SHIPPED TO
 Name :- REGIONAL HOSPITAL,
 DIALYSIS UNIT, REGIONAL HOSPITAL
 Address :- HAMIRPUR ROAD, UNA
 HIMACHAL PRADESH - 174303
 NUMBER :- 8506007744

Invoice No	A001470	Bill No.	
Invoice Date	14-12-2023	L.R. Date	14-12-2023
P.O. No.	24524	Cases	0
P.O. Date	07-12-2023	Due Date	12-04-2024

Transport :- DELHIVERY PRIVATE LIMITED
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 02-HIMACHAL PRADES



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAAPPG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	6210	BUFFANT CAP		200		0.00			0.00	0.90	0.00	5.00	9.00	0.00	180.00
2	63079000	FACE MASK 3 PLY EARLOOP BLUE		100		0.00			0.00	1.50	0.00	5.00	7.50	0.00	150.00
3	30059040	FITSULA OFF KIT		300		0.00			0.00	8.00	0.00	12.00	288.00	0.00	2400.00
4	30059040	FITSULA ON-KIT		300		0.00			0.00	8.00	0.00	12.00	288.00	0.00	2400.00
5	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	12		51010023	9/28		0.00	175.00	0.00	12.00	252.00	0.00	2100.00
6	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		IG0011	6/25		0.00	5.10	0.00	12.00	30.60	0.00	255.00
7	3004	INJ CARNIXOL		100		MK23156A	7/25		0.00	19.65	0.00	12.00	235.80	0.00	1965.00
8	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE-90	3/25		0.00	230.00	0.00	12.00	27.60	0.00	230.00
9	3004	INJ PANTAPROZOLE 40MG		50		MN23204B	6/25		0.00	14.30	0.00	12.00	85.80	0.00	715.00
10	9018	IV SET-ECO		500		HCR23007	4/26		0.00	6.50	0.00	12.00	390.00	0.00	3250.00
11	3008	KLACII LIQUID HAND SANITIZER 5		2		HS054L	9/26		0.00	580.00	0.00	18.00	208.80	0.00	1160.00
12	3005	MICROPORE 3"		100		2310151	9/26		0.00	75.00	0.00	12.00	900.00	0.00	7500.00
13	6018	NEEDLE CUTTER 3LTR		2			6/24		0.00	2300.00	0.00	12.00	552.00	0.00	4600.00
14	90249000	NIPRO GLUCO STRIP	1*100	1		UY26KBCYB	10/25		0.00	850.00	0.00	12.00	102.00	0.00	850.00
15	3801	SHOE COVER		600		0.00			0.00	1.95	0.00	18.00	210.60	0.00	1170.00
16	30049099	TAB BIOCETAMOL 500MG		10		CPTV1513	10/25		0.00	9.50	0.00	12.00	11.40	0.00	95.00
17	996812	Add FREIGHT CHARGES							0.00	2560.00	0.00	18.00	460.80	0.00	2560.00
TOTAL													31580.00	31580.00	
DISCOUNT													0.00		
IGST													16.50		
SCHEME													0.00		
TOTAL													330.00		
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 UNA, HP State - 02

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 DIALYSIS UNIT, REGIONAL HOSPITAL
 HAMIRPUR ROAD, UNA
 HIMACHAL PRADESH - 174303
 NUMBER :- 8506007744

Invoice No	A001471	Bill No.	14-12-2023
Invoice Date	14-12-2023	L.R. Date	0
P.O. No.	24553	Cases	
P.O. Date	08-12-2023	Due Date	12-04-2024

Transport :- DELHIVERY PRIVATE LIMITED
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 02-HIMACHAL PRADES

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
4015	EXAM GLOVES (M)		30					0.00	230.00	0.00	12.00	828.00	0.00	6900.00

DCDC HSP CENTRE-REGIONAL HOSPITAL, UNA
MATERIAL RECEIVED

DATE 20/12/23

TIME 6:00 Pm RECEIVED BY

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	30
IGST 12.00%	6900.00	0.00	0.00	828.00	828.00		
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		
IGST 28 %	0.00	0.00	0.00	0.00	0.00		
TOTAL	6900.00	0.00	0.00	828.00	828.00		

Rs. Seven Thousand Seven Hundred Twenty Eight Only

OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 22071200400000335
 IFSC Code : UJVN0002207

FOR ANIL PHARMA

Authorised Signatory

Grand Total

7728.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 Interest @ 24% p.a. on late payment.