



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 208-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

| | | | |
|-------------------|------------------|-----------|------------|
| Invoice No | A000078 | L.R. No. | |
| Invoice Date | 22-04-2023 | L.R. Date | 22-04-2023 |
| P.O. No. | 22352-1 | Cases | 0 |
| P.O. Date | 06-04-2023 | Due Date | 20-09-2023 |
| Transport :- | | | |
| E-WAY BILL NO. :- | | | |
| VEHICLE NO. :- | | | |
| STATION :- | 09-UTTAR PRADESH | | |

Duplicate for Transporter

BILL TO :

DCDC FORD HOSPITAL VARANASI
FORD HOSPITAL GHAT ROAD NAER BHU
TRAUMA CENTER BALAJI NAGAR COLONY Saini 0
VARANASI, UTTAR PRADESH-221005
PHONE 7071714200 7071714200

SHIPPED TO

FORD HOSPITAL
DIALYSIS UNIT, SAMNE GHAT ROAD,
NEAR BHU TRAUMA CENTER BALAJI NAGAR
VARANASI, UTTAR PRADESH - 221005
NUMBER :- 7071714200

| S/N | HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | VdIue | Amount |
|--------------|----------|--------------------------------|-------|--------|------|----------|------|-------|-------|--------|------|-------|--------|-------|--------|
| 1 | 30059040 | FITSULA ON-KIT | | 150 | | 000 | | | 0.00 | 8.00 | 0.00 | 12.00 | 144.00 | 0.00 | 0.00 |
| 2 | 9018 | HYPODERMIC STERILE SYRINGE 5ML | 1*100 | 2 | | 51812022 | 1/23 | 11/27 | 0.00 | 145.00 | 0.00 | 12.00 | 46.80 | 0.00 | 0.00 |
| 3 | 30049088 | INJ ZINOCANINE (LOX 2%) | | 20 | | M211007 | 1/23 | 10/24 | 0.00 | 38.50 | 0.00 | 12.00 | 92.40 | 0.00 | 0.00 |
| 4 | 30049087 | POVINANZ M/B POWDER | | 8 | | PH-005 | 2/23 | 12/25 | 0.00 | 15.00 | 0.00 | 12.00 | 14.40 | 0.00 | 0.00 |
| 5 | 996812 | ADD FREIGHT CHARGES | | | | | | | 0.00 | 500.00 | 0.00 | 18.00 | 90.00 | 0.00 | 0.00 |
| TOTAL | | | | 387.60 | | 0.00 | | | | | | | 387.60 | | 0.00 |

DCDC HSP. CENTRE-FORD HOSPITAL-VARANASI
MATERIAL RECEIVED
DATE: 22/4/23
TIME: 6:01
RECEIVED BY: Sanku

Rs. Three Thousand Three Hundred Sixty Eight Only

OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVM0002207

FOR ANIL PHARMA



Grand Total
3368.00

| | | | | | | | | | | | | | | | |
|--------------|---------|--|--|--|--|--|--|--|------|--|--|--|--|--|--------|
| TOTAL | 2980.00 | | | | | | | | | | | | | | |
| DIS AMT. | | | | | | | | | 0.00 | | | | | | 0.00 |
| IGST PAYABLE | | | | | | | | | | | | | | | 387.60 |
| PAYABLE | | | | | | | | | | | | | | | 0.00 |
| Round off | | | | | | | | | | | | | | | 0.40 |
| CR/DR NOTE | | | | | | | | | | | | | | | 0.00 |

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.