



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

Original for Buyer

BILL TO :
DCDC NAYYAR HOSPITAL AMRITSAR
DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD, State 03
AMRITSAR, PUNJAB-143001
PHONE : 8595955923

Invoice No	A001403	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24173	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 03-PUNJAB

SHIPPED TO

Name :- NAYYAR HOSPITAL
Address:- DIALYSIS UNIT, NAYYAR HOSPITAL
3, DASONDA SINGH ROAD, AMRITSAR
PUNJAB - 143001
NUMBER :- 8595955923

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	9018	GREEN LIFE 5ML SYR		1		121023		9/28	0.00	195.00	0.00	12.00	23.40	0.00	0.00	195.00
2	996812	Add FREIGHT CHARGES							0.00	180.00	0.00	18.00	32.40	0.00	0.00	180.00

Stock/No. of Boxes Received 1 Box
Subject to Physical Check
Name/Employee Code Vijay Kumar D02507
Centre Name Nayan Hospital
Date/Time 28/11/23 1:41pm
Signature [Signature] M. No. 8595955923

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	DIS AMT.	IGST PAYBLE	PAYBLE	Round off	CR/DR NOTE
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2	1	0.00	55.80	0.00	0.00	0.00
IGST 12.00%	195.00	0.00	0.00	23.40	23.40			55.80				
IGST 18.00%	180.00	0.00	0.00	32.40	32.40							
IGST 28 %	0.00	0.00	0.00	0.00	0.00							
TOTAL	375.00	0.00	0.00	55.80	55.80							

Rs. Four Hundred Thirty One 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

431.00