



# 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

Duplicate for Transporter

Invoice No	A000548	L.R. No.	
Invoice Date	22-07-2023	L.R. Date	22-07-2023
P.O. No.	23121	Cases	0
P.O. Date	05-07-2023	Due Date	19-11-2023

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

**BILL TO :**  
DCDC DISTRICT HOSPITAL HARDOI  
PANDIT RAM DAYAL TRIVEDI DISTRICT  
HOSPITAL AVAS VIKAS COLONY , HARDOI State :  
UTTAR PRADESH - 241001  
PHONE : 9729743658

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
ADDRESS :- DIALYSIS UNIT , PANDIT RAM DAYAL  
TRIVEDI DISTRICT HOSPITAL, AVAS VIKAS  
COLONY, HARDOI , UTTAR PRADESH - 241001  
NUMBER :- 9129743658

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	4015	EXAM GLOVES (M)		100					0.00	230.00	0.00	12.00	2760.00	0.00	0.00	23000.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		800		0.00			0.00	1.50	0.00	5.00	60.00	0.00	0.00	1200.00
3	3901	SHOE COVER		800		0.00			0.00	1.95	0.00	18.00	280.80	0.00	0.00	1560.00
4	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	0.00	550.00
5	996812	Add FREIGHT CHARGES							0.00	865.00	0.00	18.00	155.70	0.00	0.00	865.00

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

Stock/No. of Boxes Received ..... 6 Box .....  
Subject to Physical Check .....  
Name/Employee Code ..... AYUSHYADAV - 0200058 .....  
Centre Name ..... DCDC HarDOI .....  
Date/Time ..... 25/07/23/02:45PM .....  
Signature ..... [Signature] ..... M.No. 9129743658 .....

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1200.00	0.00	0.00	60.00	0.00	60.00
IGST 12.00%	23550.00	0.00	0.00	2826.00	0.00	2826.00
IGST 18.00%	2425.00	0.00	0.00	436.50	0.00	436.50
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>27175.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3322.50</b>	<b>0.00</b>	<b>3322.50</b>

Total Items :- 5  
Total Qty :- 1800

**TOTAL 27175.00**  
DIS AMT. 0.00  
IGST PAYBLE 3322.50  
PAYBLE 0.00  
Round off 0.50  
CR/DR NOTE 0.00  
**0.00**

Rs. Thirty Thousand Four Hundred Ninety Eight 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

30498.00