



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

1 Box 204

Invoice No	A000633	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23372	Cases	0
P.O. Date	07-08-2023	Due Date	07-12-2023

BILL TO :
DCDC SADAR HOSPITAL SIMDEGA
SADAR HOSPITAL , NH-23 , THANA TOLLI
SALDEGA , SIMDEGA State : 20
JHARKHAND-835223
PHONE : 8506000395

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 20-JHARKHAND

SHIPPED TO
Name :- SADAR HOSPITAL
Address :- DIALYSIS UNIT, SADAR HOSPITAL
NH 23, THANA TOLI, SALDEGA
SIMDEGA, JHARKHAND - 835223
NUMBER :- 8506000395

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)		20					0.00	230.00	0.00	12.00	552.00	0.00	0.00	4600.00
2	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE-89		11/24	0.00	230.00	0.00	12.00	27.60	0.00	0.00	230.00
3	3004	INJ MEDARONE 3ML (CORDRONE)		20		A22590A	2/23	11/24	0.00	50.00	0.00	12.00	120.00	0.00	0.00	1000.00
4	30049099	INJ MIDAZOLAM 10ML (MIDFIX)		20		AL2033		10/24	0.00	45.50	0.00	12.00	109.20	0.00	0.00	910.00
5	30049099	INJ POTASSIUM CHLORIDE 10ML 1*	1*50	1		PC-203		10/24	0.00	300.00	0.00	12.00	36.00	0.00	0.00	300.00
6	30049039	INJ REVIL		50		W010		12/24	0.00	3.30	0.00	12.00	19.80	0.00	0.00	165.00
7	9018	IV SET-ECO		500		HCR29007		4/25	0.00	6.50	0.00	12.00	390.00	0.00	0.00	3250.00
8	9018	SHARP CONTAINER PLASTIC 3LR		2		000			0.00	150.00	0.00	12.00	36.00	0.00	0.00	300.00
9	30049078	TAB ARKAMIN (CLODICT)		10		23DT0506A		3/25	0.00	38.00	0.00	12.00	45.60	0.00	0.00	380.00
10	998812	Add FREIGHT CHARGES							0.00	1100.00	0.00	18.00	198.00	0.00	0.00	1100.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	10		12235.00
IGST 12.00%	11135.00	0.00	0.00	1336.20	1336.20	624		DIS AMT. 0.00
IGST 18.00%	1100.00	0.00	0.00	198.00	198.00			IGST PAYBLE 1534.20
IGST 28.00%	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	12235.00	0.00	0.00	1534.20	1534.20			Round off -0.20
								CR/DR NOTE 0.00
								0.00

Rs. Thirteen Thousand Seven Hundred Sixty Nine Only

OUR BANK DETAILS AS :-
Bank Name : UJIVANI SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN0002207

Stock/No. of Boxes Received 01 Box
Subject to Physical Check
Name/Employee Code Chandni Kumar DC01873
Centre Name 24 - SIMDEGA
Date/Time 15/8/23 1:45:00 PM
Signature Chandni Kumar M. No. 98529824

FOR ANIL PHARMA
Authorised Signatory

Grand Total

13769.00

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.