

Duplicate for Transporter

**GST INVOICE**

BILL TO :

DCDC HEALTH SERVICES PVT. LTD.  
C-185, FIRST FLOOR, MAYAPURI INDUS.  
AREA PHASE -2, MAYAPURI State 07  
NEW DELHI-110064  
PHONE : 9811561247

Invoice No : A000756  
Invoice Date : 13-08-2023  
P.O. No. : 23394  
P.O. Date : 08-08-2023  
Transport :-  
E-WAY BILL NO: 081359716788  
VEHICLE NO. :-  
STATION :- 07-DELHI



**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 : anipharma1997@gmail.com

SHIPPED TO

MULTAN NAGAR  
DIALYSIS UNIT, B-22 MAIN OPPOSITE  
PASCHIM VIHAR METRO PILLAN NO-225  
NEW MULTAN NAGAR, NEW DELHI - 110056  
NUMBER :- 9667923164

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount	
1	30049099	INJ HOSTRANIL 25000 IU		150		HIHE23010A		5/25	0.00	130.00	0.00	6.00	1170.00	6.00	1170.00	19500.00	
<p>Stock/No. of Boxes Received ..... 5</p> <p>Subject to Physical Check ..... 0</p> <p>Name/Employee Code ..... 11001</p> <p>Centre Name ..... VIKAS</p> <p>Date/Time ..... 13/08/23</p> <p>M. No. ..... 930074710</p>																	
<b>TOTAL</b>												19500.00	0.00	1170.00	6.00	1170.00	19500.00
<b>DISCOUNT</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>SCHEME</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>												19500.00	0.00	1170.00	6.00	1170.00	19500.00
Rs. Twenty One Thousand Eight Hundred Forty Only																	
<b>CLASS</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>GST 5.00%</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>GST 12.00%</b>												19500.00	0.00	1170.00	6.00	1170.00	1170.00
<b>GST 18.00%</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>GST 28 %</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>												19500.00	0.00	1170.00	6.00	1170.00	19500.00
<b>DIS AMT</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>SGST PAYBLE</b>												1170.00	0.00	0.00	0.00	0.00	1170.00
<b>CGST PAYBLE</b>												1170.00	0.00	0.00	0.00	0.00	1170.00
<b>Round off</b>												0.00	0.00	0.00	0.00	0.00	0.00
<b>CR/DR NOTE</b>												0.00	0.00	0.00	0.00	0.00	0.00

FOR ANIL PHARMA  
  
 Authorised Signatory

**OUR BANK DETAILS :-**  
 Bank Name : UJIVAN 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.

Grand Total  
21840.00