



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	A001331	Bill No.	
Invoice Date	17-11-2023	L.R. Date	17-11-2023
P.O. No.	24260	Cases	3
P.O. Date	06-11-2023	Due Date	16-03-2024

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 36-TELANGANA

BILL TO :
DCDC GOVT. AREA HOSPITAL SIRCHILLA
GOVT. AREA HOSPITAL, NEAR AMBEDKAR CHOWK
DIST- SIRCHILLA , TELANGANA-505301 State : 36
PHONE : 8588850032
3807
31/11

SHIPPED TO
Name :- AREA HOSPITAL
Address:- DIALYSIS UNIT, AREA HOSPITAL
NEAR AMBEDKAR NAGAR, DIST-SIRCHILLA
TELANGANA - 505301
NUMBER :- 6304193195

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	63079090	FACE MASK 3 PLY EARLOOP BLUE		1000		0 00									
2	9018	HYPODERMIC STERILE SYRINGE 10M		20		34707023									
3	9018	IV SET-ECO	1*50	20											
4	9018	VACCUTAINER EDTA		1000		HCR23007		6/28	0.00	175.00	0.00	12.00	420.00	0.00	0.00
5	9018	VACCUTAINER PLAIN		100		0 00		4/26	0.00	6.50	0.00	12.00	780.00	0.00	0.00
6	996812	Add FREIGHT CHARGES		100		0 00			0.00	6.00	0.00	12.00	72.00	0.00	0.00
									0.00	5.50	0.00	12.00	66.00	0.00	0.00
									0.00	2090.00	0.00	18.00	376.20	0.00	0.00
															2090.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1500.00	0.00	0.00	75.00	0.00	14740.00
IGST 12.00%	11150.00	0.00	0.00	1338.00	0.00	
IGST 18.00%	2090.00	0.00	0.00	376.20	0.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	
TOTAL	14740.00	0.00	0.00	1789.20	0.00	1789.20

Rs. Sixteen Thousand Five Hundred Twenty Nine 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

Stock/No. of Boxes Received *03*
Subject to Physical Check
Name/Employee Code *D 203040*
Entre Name *D.H. Srinivas*
Date/Time *17.11.23 8.12 PM*
Signature *AS* M. No. *6304193195*

Grand Total
16529.00