



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

Invoice No	A000308	L.R. No.	
Invoice Date	06-06-2023	L.R. Date	06-06-2023
P.O. No.	22501-6	Cases	0
P.O. Date	04-05-2023	Due Date	04-10-2023
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

Duplicate for Transporter

BILL TO :-
DCDC DISTRICT HOSPITAL CHANDAULI
DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI
DIATRICK HOSPITAL, CHANDAULI State : 09
UTTAR PRADESH-232104
PHONE. : 7800556678

SHIPPED TO

Name :- DISTRICT HOSPITAL
ADDRESS :- DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI
DISTRICT HOSPITAL, CHANDAULI
UTTAR PRADESH - 232104
NUMBER :- 7800556678

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	9018	IV SET-ECO		500		IVG010123		12/27	0.00	6.50	0.00	12.00	390.00	0.00	0.00	3250.00

DCDC HSPCL CENTRE DIST. COMBINED USE OFF. CHANDAULI
MATERIAL RECEIVED
DATE 14/06/23
TIME 4:00pm

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	1		3250.00
IGST 12.00%	3250.00	0.00	0.00	390.00	390.00	500		DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			IGST PAYBLE 390.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	3250.00	0.00	0.00	390.00	390.00			Round off 0.00
								CR/DR NOTE 0.00
								0.00
								0.00

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.

Stock/No. of Boxes Received 1
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No. 7800556678

FOR ANIL PHARMA

Authorized Signatory

Grand Total
3640.00