



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAAPPG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No A000689
 Invoice Date 11-08-2023
 P.O. No. 23463
 P.O. Date 08-08-2023
 Transport :- DELHIVERY PRIVATE LIMITED
 E-WAY BILL NO01359023994
 VEHICLE NO. :-
 STATION :- 19-WEST BENGAL

Bill No.
 L.R. Date 11-08-2023
 Cases 0
 Due Date 09-12-2023

SHIPPED TO
 Name :- RUBY HOSPITAL
 Address:- DIALYSIS UNIT, RUBY GENERAL HOSPITAL
 KASBA GOLPARK, EM BYPASS
 KOLKATA, WEST BENGAL - 700107
 NUMBER :- 8506005556

Duplicate for Transporter

BILL TO:
 DCDC RUBY GENERAL HOSPITAL, KOLKATA
 RUBY GENERAL HOSPITAL
 KOLKATA State : 19

PHONE. : 8506005556

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30049099	INJ HOSTRANIL 25000 IU		500		HHE23010A		5/25	0.00	130.00	0.00	12.00	7800.00	0.00	65000.00
TOTAL													65000.00	0.00	65000.00

TOTAL	65000.00
DIS AMT.	0.00
IGST PAYABLE	7800.00
PAYABLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Grand Total		72800.00
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OUR BANK DETAILS AS :-

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.

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code P.C. ODL 6
 Centre Name
 Date/Time
 Signature
 M. No.

FOR ANIL PHARMA



Authorized Signatory

Rs. Seventy Two Thousand Eight Hundred Only