Duplicate for Transporter

GST INVOICE

ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

Invoice No	A000688	Bill No.	
Invoice Date	11-08-2023	L.R. Date	11-08-2023
P.O. No.	23496	Cases	0
P.O, Date	07-08-2023	Due Date	09-12-2023

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO 81359023815
VEHICLE NO. :-
STATION :- 19-WEST BENGAL

23496

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

PHONE. : 8506005556

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

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		1000		HCR23007		4/26	0.00	6.50	0.00	12.00	780.00	0.00	6500.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	6500.00	0.00	0.00	780.00	0.00	780.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28.%	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	6500.00	0.00	0.00	780.00	0.00	780.00

Total Items :- 1
Total Qty :- 1000

TOTAL	6500.00
DIS AMT.	0.00
IGST PAYBLE	780.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Seven Thousand Two Hundred Eighty Only

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

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code 10826
Centre Name .....
Date/Time .....
Signature ..... M. No.....

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

ANIL PHARMA Auth. Sign

Authorised Signatory

Grand Total

7280.00