



**ANIL PHARMA**

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	A001240	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24241	Cases	0
P.O. Date	06-11-2023	Due Date	15-03-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 09-UTTAR PRADESH

**Duplicate for Transporter**

**BILL TO :**  
DCDC DISTRICT HOSPITAL SIDHARTH NAGAR  
DISTRICT HOSPITAL  
SIDHARTH NAGAR MUDILA, NAUGARH State - 09  
UTTAR PRADESH-272207  
PHONE : 9336723179

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL  
NAUGARH, SIDHARTH NAGAR MUDILA  
UTTAR PRADESH - 272207  
NUMBER :- 9336723179

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)		40					0.00	230.00	0.00	12.00	1104.00	0.00	9200.00

CLASS	TAX	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	9200.00
IGST 5.00%		0.00	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%		9200.00	0.00	0.00	1104.00	0.00	1104.00	0.00
IGST 18.00%		0.00	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	0.00
<b>TOTAL</b>		9200.00	0.00	0.00	1104.00	0.00	1104.00	0.00

Rs. Ten Thousand Three Hundred Four 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 .....  
Subject to Physical Check  
Name/Employee Code Secma DCO 2245  
Centre Name District Hospital Sidharth Nagar  
Date/Time 21.11.23  
Signature Secma M. No.....

**FOR ANIL PHARMA**

Authorised Signatory

Grand Total
10304.00

**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.