



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

GST INVOICE

Duplicate for Transporter

Invoice No	A000974	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23654	Cases	
P.O. Date	06-09-2023	Due Date	17-01-2024
Transport :-		E-WAY BILL NO :-	
		VEHICLE NO. :-	
		STATION :- 36-TELANGANA	

BILL TO :
DCDC COMMON HEALTH CENTER ASHWARAPPET
DIALYSIS CENTER, GOVT HOSPITAL ASHWARAPPET
DIST KOTHAGUDEM, TELANGANA - 507301 State
PHONE : 8582350032

SHIPPED TO
Name :- DIALYSIS CENTER
COMMON HEALTH CENTER, GOVT HOSPITAL
ASHWARAPPET BHADARADARI KOTHAGUDEM
DIST., TELANGANA - 507301
NUMBER :- 9121447020

S/N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9025	DIGITAL THERMOMETER		1		0.00			0.00	75.00	0.00	18.00	13.50	0.00	75.00
2	30059040	FITSULA OFF KIT		300		0.00			0.00	8.00	0.00	12.00	288.00	0.00	2400.00
3	9018	HYPODERMIC STERILE SYRINGE 5ML		1		26706023		5/28	0.00	195.00	0.00	12.00	23.40	0.00	195.00
4	30049069	INJ ONDION (EMSET)	1*100	50		OS-01		5/25	0.00	4.80	0.00	12.00	28.80	0.00	240.00
5	3004	INJ PANTAPROZOLE 40MG		50		23GG25A		6/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00
6	30049088	INJ ZINOCAMINE (LOX 2%)		10		NZLH002		2/25	0.00	38.50	0.00	12.00	46.20	0.00	385.00
7	30039034	LOX SPRAY 10%		10		KPNP736006		4/25	0.00	360.00	0.00	12.00	432.00	0.00	3600.00
8	3005	MICROPORE 2"		18		2307088		6/26	0.00	46.60	0.00	12.00	100.66	0.00	838.80
9	90183100	NIPRO NEEDLE 24G		1		22215	9/22	7/27	0.00	60.00	0.00	12.00	7.20	0.00	60.00
10	90192090	POWER DROOL (T-PEICE WITH NEB		2		G230540761		4/28	0.00	110.00	0.00	12.00	26.40	0.00	220.00
11	9018	RMS CANULA 18NO		2		G221111119		10/27	0.00	8.00	0.00	12.00	1.92	0.00	16.00
12	9018	RMS CANULA 20NO		2		G221010619		9/27	0.00	8.00	0.00	12.00	1.92	0.00	16.00
13	996812	Add FREIGHT CHARGES							0.00	990.00	0.00	18.00	178.20	0.00	990.00
TOTAL															9750.80

Rs. Ten Thousand Nine Hundred Eighty Five Only

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.



Signature



Authorized Signatory

FOR ANIL PHARMA

Grand Total
10985.00

TOTAL	9750.80
DIS AMT.	0.00
IGST PAYABLE	1234.00
PAYABLE	0.00
Round off	0.2
CR/DR NOTE	0.0
TOTAL	0.0