



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

Duplicate for Transporter

Invoice No	A000563	L.R. No.	
Invoice Date	22-07-2023	L.R. Date	22-07-2023
P.O. No.	23205	Cases	0
P.O. Date	05-07-2023	Due Date	19-11-2023

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 02:HIMACHAL PRADES

BILL TO :
 DCCDC MEDICAL COLLEGE NAHAN
 MEDICAL COLLEGE NAHAN
 SUNDAR BAGH COLONY, Stage 02
 NAHAN
 PHONE 9418159046

SHIPPED TO
 Name :- REGIONAL HOSPITAL
 ADDRESS :- DIALYSIS UNIT, REGIONAL HOSPITAL
 SUNDAR BAGH COLONY, NAHAN
 HIMACHAL PRADESH - 173901
 NUMBER :- 9418159046

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
19	999812	Add FREIGHT CHARGES							0.00	520.00	0.00	18.00	93.60	0.00	0.00
TOTAL													12760.50	520.00	
CLASS													TOTAL	DIS	AMT
IGST 5.00%													1187.50	0.00	0.00
IGST 12.00%													11015.00	0.00	0.00
IGST 18.00%													1078.00	0.00	0.00
IGST 28 %													0.00	0.00	0.00
TOTAL													13290.50	0.00	0.28

Rs. Fourteen Thousand Eight Hundred Fifty Six 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.

FOR ANIL PHARMA



Stock/No. of Boxes Received : 2
 Subject to Physical Check
 Name/Employer Code :
 Centre Name :
 Date/Time : 25/7/23 4:57 PM
 Signature :
 M.No. : 82198712821