

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 : 07AAAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

BILL TO :

DCDC DISTRICT HOSPITAL SANT KABIR NAGAR
DISTRICT HOSPITAL MEHDAWAL ROAD,
KALILABAD, UTTAR PRADESH-272175 State : 09

PHONE : 8447444344

SHIPPED TO

DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
MEHDAWAL ROAD, KHALILABAD
SANT KABIR NAGAR, UTTAR PRADESH-272175
NUMBER :- 9554310933

Invoice No	A001272	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24223	Cases	0
P.O. Date	06-11-2023	Due Date	15-03-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-UTTAR PRADESH

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)		35					0.00	230.00	0.00	12.00	966.00	0.00	8050.00

Stock/No. of Boxes Received 230.00
Subject to Physical Check
Name: Employee Code 202127
Centre Name Sant Kabir Nagar
Date/Time 29.11.23 2:40 pm
Signature [Signature] M. No. 9554310933

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	DIS AMT. 0.00
IGST 12.00%	8050.00	0.00	0.00	966.00	966.00	35	IGST PAYBLE 966.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00		Round off 0.00
TOTAL	8050.00	0.00	0.00	966.00	966.00		CR/DR NOTE 0.00

Rs. Nine Thousand Sixteen Only

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN 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

Authorised Signatory

Grand Total
9016.00