

Anil Pharma

C- 58, Rajan Babu Road,, Adarsh Nagar, Delhi-110033

Tel. : 011-41557131 email : anilpharma1997@gmail.com

Drug Licence No. : 20B-137393, 21B-137394

Invoice No. : AP/24-25/1723
Date of Invoice : 25-10-2024
Place of Supply : Uttar Pradesh (09)
GR/RR No. :
PO NO. : 27874

Transport : N/A
Vehicle No. :
Station : KASGANJ
E-Way Bill No. :
PO DATE : 22-10-2024

Billed to :

DCDC DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER, DDISTRICT HOSPITAL
VILLAGE MOMMONM DIST. KASGANJ
UTTAR PRADESH-207123

Party Mobile No : 7283990299
GSTIN / UIN :
D.L. No. :

Shipped to :

DCDC DISTRICT HOSPITAL KASGANJ
DIALYSIS UNIT, DISTRICT HOSPITAL
VILLAGE MAMMON , NEAR DISTRICT COURT
KASGANJ , UTTAR PRADESH - 207123

Party Mobile No : 9584802753
GSTIN / UIN :
D.L. No. :

KASGANJ

S.N.	Qty.	Free	Pack	Products Name	HSN	Batch No.	Exp.	MRP	Rate	Dis. %	GST %	Amount(₹)
1	1,500	0		FITSULA NEEDLE 16G	901839	24102301	Sep-2027	0.00	11.00	0.00%	12%	18,480.00
2	1,000	0		FITSULA NEEDLE 17G	90183290	24101721	Sep-2027	0.00	11.00	0.00%	12%	12,320.00
3	--	--		FREIGHT CHARGES	996812			0.00	--	0.00%	18%	3,363.00

Stock/No. of Boxes Recd. : 23
Subject to Physical Check
Name/Employee Code :
Centre Name : DHK Bldg 407
Date/Time : 25/10/24 12:20p
Signature :
M. No. :

Total 34,163.00

2,500.00 0.00

Grand Total ₹ 34,163.00

Tax Rate	Taxable Amt.	IGST Amt.	Total Tax
12%	27,500.000	3,300.000	3,300.000
18%	2,850.000	513.000	513.000
Total	30,350.000	3,813.000	3,813.000

Rupees Thirty Four Thousand One Hundred Sixty Three Only

Bank Details : UJJIVAN SMALL FINANCE BANK,, A/c : 2207120040000335; IFSC - UJVN0002207

Terms & Conditions

E.& O.E.

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

For Anil Pharma
Auth. Sign.
Authorised Signatory
DELHI