

MR. ...  
 A GENERAL ORDER SUPPLIERS  
 GSTIN : 07AJYPR840915  
 VIKASPHARM, NEW DELHI - 110018  
 E-Mail : kaptors@vikaspharm.com  
 rajkaps@vikaspharm.com

**INVOICE**  
 Invoice No: A001996  
 Invoice Date: 11-03-2024  
 P.O. No: 25148  
 P.O. Date: 06-03-2024  
 Transport: 3  
 Date Date: 09-07-2024

**GST INVOICE**

Original for Buyer  
 BILLED TO :  
 TALUKA HOSPITAL, GADAGUDA  
 GADAGUDA TALUKA GOVT HOSPITAL,  
 GADAGUDA, KARNATAKA - 577305  
 PHONE: 972339991

SHIPPED TO  
 Name: TALUKA HOSPITAL,  
 GADAGUDA TALUKA GOVT HOSPITAL,  
 GADAGUDA, KARNATAKA - 577305  
 Address:  
 NUMBER: 972339991

Sl No	CLASS	DESCRIPTION	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	BLUE PUNCTURE 10LTM		5					0.00	240.00	0.00	12.00	144.00	0.00	1200.00
2	9018	DIAL CHECK-ANEROID SPHYG(TBP)		1					0.00	850.00	0.00	12.00	102.00	0.00	850.00
3	9028	DIGITAL THERMOMETER		1					0.00	75.00	0.00	18.00	13.50	0.00	75.00
4	3006	DYNAPLAST		2					0.00	149.50	0.00	12.00	35.88	0.00	299.00
5	9018	HYDROEMIC STERILE SYRINGE 5ML	1*100	1				11/27	0.00	195.00	0.00	12.00	23.40	0.00	195.00
6	9018	HYDROEMIC STERILE SYRINGE 10ML	1*50	1				11/28	0.00	16.30	0.00	12.00	39.12	0.00	326.4
7	3004	INU BUDICORT/BUDECEL RESPULES		25				9/25	0.00	23.50	0.00	5.00	29.38	0.00	587.7
8	3004	INU HYDROCORTISONE 100MG (EFFCO		25				9/25	0.00	14.30	0.00	12.00	42.90	0.00	357.7
9	3004	INU PANTAPROZOLE 40MG		150				12/26	0.00	6.50	0.00	12.00	117.00	0.00	975.0
10	9018	IV SET-ECO		1					0.00	2300.00	0.00	12.00	276.00	0.00	2300.00
11	9018	NEEDLE CUTTER 3LTR		2				10/26	0.00	40.00	0.00	12.00	9.60	0.00	80.00
12	9018	OXYGEN MASK ADULT		2				10/26	0.00	46.60	0.00	12.00	100.66	0.00	80.00
13	3005	PAPER TAPE 2" 9.1MTR		18				12/26	0.00	15.00	0.00	12.00	9.00	0.00	80.00
14	3004	POVINANZ M/B POWDER		5					0.00	950.00	0.00	12.00	114.00	0.00	950.00
15	9018	PULSE OXYMETER		1					0.00	150.00	0.00	12.00	90.00	0.00	150.00
16	9018	SHARP CONTAINER PLASTIC 3LTR		5					0.00	185.00	0.00	12.00	22.20	0.00	185.00
17	9018	STETHSCOPE ASC		1					0.00	16.00	0.00	12.00	96.00	0.00	16.00
18	4015	SURGICARE GLOVES 6.50 NO	1*25	50					0.00						
<b>TOTAL</b>															
<b>CLASS</b>		<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>									
IGST 5.00%		587.50	0.00	0.00	29.38	29.38									
IGST 12.00%		10706.30	0.00	0.00	1284.76	1284.76									
IGST 18.00%		75.00	0.00	0.00	13.50	13.50									
IGST 28%		0.00	0.00	0.00	0.00	0.00									
<b>TOTAL</b>		11368.80	0.00	0.00	1327.64	1327.64									

Rs. Fifteen Thousand Three Hundred Nine Only  
 MSG:  
 FOR ANIL PHARMA

**Terms & Conditions**  
 Goods once sold will not be taken back or exchanged.  
 All disputes subject to Jurisdiction only.  
 Bills not paid due date will attract 24% interest.



Subject to Taluka Hospital  
 Taluka Hospital  
 Gadaguda  
 Taluka Hospital  
 Gadaguda

# GST INVOICE

Original for Buyer

Invoice No	A001996	Bill No.	
Invoice Date	11-03-2024	L.R. Date	11-03-2024
P.O. No.	25348	Cases	2
P.O. Date	06-03-2024	Due Date	09-07-2024

**BILL TO :**  
 DCDC TALUKA HOSPITAL GULADGUDDA  
 DIALYSIS UNIT, TALUKA GOVT. HOSPITAL  
 GULEDDUDDA, KARNATKA - 587203  
 PHONE : 8722339951

**SHIPPED TO**  
 Name :- TALUKA HOSPITAL  
 Address:- DIALYSIS UNIT, TALUKA GOVT. HOSPITAL  
 GULADGUDDA, KARNATKA - 587203  
 NUMBER :- 8722339951

Transport :-  
 E-WAY BILL NO :-  
 VEHICLE NO. :-  
 STATION :- 29-KARNATAKA

**ANIL PHARMA**  
 BABU ROAD,  
 ADARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 DL No : 20B-137393 \ 21B-137394  
 GSTIN : 07AAPP6291A1ZR  
 E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
19	4015	SURGICAREGLOVES 7.5		50		000			0.00	16.00	0.00	12.00	96.00	0.00	0.00	
20	998812	Add FREIGHT CHARGES							0.00	1455.00	0.00	18.00	261.90	0.00	0.00	
													<b>TOTAL</b>			<b>11368.80</b>

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-
IGST 5.00%	587.50	0.00	0.00	29.38	0.00	20	
IGST 12.00%	11506.30	0.00	0.00	1380.76	0.00	366	
IGST 18.00%	1530.00	0.00	0.00	275.40	0.00		
IGST 28 %	0.00	0.00	0.00	0.00	0.00		
<b>TOTAL</b>	<b>13623.80</b>	<b>0.00</b>	<b>0.00</b>	<b>1685.54</b>	<b>0.00</b>		

<b>TOTAL</b>	<b>13623.80</b>
DIS AMT.	0.00
IGST PAYBLE	1685.54
PAYBLE	0.00
Round off	-0.34
CR/DR NOTE	0.00
<b>Grand Total</b>	<b>15309.00</b>

**OUR BANK DETAILS AS :-**  
 Bank Name : UJJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 IFSC Code : UJVN0002207



**FOR ANIL PHARMA**  
 Stock/No. of Boxes Received ..... 20 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name .....  
 Authorised Signatory M. No. 954665234

**Terms & Conditions**  
 This invoice cannot be taken back or exchanged.  
 Interest.