



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

Invoice No	A001255	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24229	Cases	0
P.O. Date	06-11-2023	Due Date	15-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :-	09-UTTAR PRADESH		

Original for Buyer

BILL TO :
DCDC DISTRICT HOSPITAL CHANDAULI
DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI
DIATRICK HOSPITAL, CHANDAULI State : 09
UTTAR PRADESH-232104
PHONE : 7800556678

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI
DISTRICT HOSPITAL, CHANDAULI
UTTAR PRADESH - 232104
NUMBER :- 7800556678

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)		20					0.00	230.00	0.00	12.00	552.00	0.00	4600.00

Stock/No. of Boxes Received 20
 Subject to Physical Check Done
 Name/Employee Code Chandauli
 Centre Name Chandauli
 Date/Time 20/11/23 4:50 pm
 Signature [Signature]
 M. No. 8115429763

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	
IGST 12.00%	4600.00	0.00	0.00	552.00	552.00	DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	IGST PAYBLE 552.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
TOTAL	4600.00	0.00	0.00	552.00	552.00	Round off 0.00
						CR/DR NOTE 0.00
						0.00

Rs. Five Thousand One Hundred Fifty Two 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



Grand Total
5152.00