



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

BILL TO :
DCCD SADAR HOSPITAL DALTAN GANJ
3RD FLOOR DALTAN GANJ
PALMU JHARKHAND-822101 State : 20

PHONE : 8210919785

| | | | |
|------------------|--------------|----------|------------|
| Invoice No | A000707 | Bill No. | |
| Invoice Date | 12-08-2023 | LR. Date | 12-08-2023 |
| P.O. No. | 23408 | Cases | 0 |
| P.O. Date | 09-08-2023 | Due Date | 10-12-2023 |
| Transport :- | | | |
| E-WAY BILL NO :- | | | |
| VEHICLE NO. :- | | | |
| STATION :- | 20-JHARKHAND | | |

SHIPPED TO

Name :- SADAR HOSPITAL
Address:- DIALYSIS UNIT, SADAR HOSPITAL
3RD FLOOR, PALAMU, DALTANGANJ
JHARKHAND - 822101
NUMBER :- 8210919785

| S.N | HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount | |
|-----|----------|------------------------|------|-----|------|-----------|-----|------|-------|--------|------|-------|---------|-------|--------|----------|
| 1 | 30049099 | INJ HOSTRANIL 25000 IU | | 100 | | HHE23010A | | 5/25 | 0.00 | 130.00 | 0.00 | 12.00 | 1560.00 | 0.00 | 0.00 | 13000.00 |

Stock/No. of Boxes Received 1 BOX
Subject to Physical Check
Name/Employee Code BIPIN
Centre Name DALTON GANJ
Date/Time 22/8/23
Signature M. No. 786935898

| CLASS | TOTAL | SCHEME | DISCOUNT | IGST | TOTAL IGST | Total Items :- | Total Qty :- | TOTAL |
|--------------|----------|--------|----------|---------|------------|----------------|--------------|----------|
| IGST 5.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1 | | 13000.00 |
| IGST 12.00% | 13000.00 | 0.00 | 0.00 | 1560.00 | 0.00 | 100 | | 1560.00 |
| IGST 18.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| IGST 28 % | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 |
| TOTAL | 13000.00 | 0.00 | 0.00 | 1560.00 | 0.00 | | | 1560.00 |

| | |
|--------------------|-----------------|
| DIS AMT. | 0.00 |
| IGST PAYBLE | 1560.00 |
| PAYBLE | 0.00 |
| Round off | 0.00 |
| CR/DR NOTE | 0.00 |
| Grand Total | 14560.00 |

Rs. Fourteen Thousand Five Hundred Sixty 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



Authorized Signatory