

No. of Boxes Received
 Directed to Physical Check
 Bill/Invoice Number
 Date/Time
 Signature



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPP6G291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A000222	L.R. No.	
Invoice Date	15-05-2023	L.R. Date	15-05-2023
P.O. No.	22826-2	Cases	0
P.O. Date	05-05-2023	Due Date	12-09-2023
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :-	09-UTTAR PRADESH		

Duplicate for Transporter

BILL TO :
 DDCD DISTRICT HOSPITAL MAINPURI
 DIALYSIS CENTER, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL, MAINPURI State : 09
 UTTAR PRADESH-205001
 PHONE : 9713740406

SHIPPED TO
 Name :- DISTRICT HOSPITAL
 ADDRESS :- DIALYSIS UNIT, MAHARAJA TEJ PRATAP
 SINGH DISTRICT HOSPITAL MAINPURI
 UTTAR PRADESH - 205001
 NUMBER :- 9713740406

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3004	CIPILADINE OINTMENT		2		SPG220069		11/24	0.00	19.00	0.00	12.00	4.56	0.00	38.00
2	30059040	FITSULA OFF KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00	4000.00
3	30059040	FITSULA ON-KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00	4000.00
4	3004	IND BIOCETAMOL (PYREMOL) 2ML 1		50		SPB-220050	9/22	2/24	0.00	5.10	0.00	12.00	30.60	0.00	255.00
5	3004	IND PANTARAZOLE 40MG		100		D1012332F		2/25	0.00	14.30	0.00	12.00	171.60	0.00	1430.00
6	9018	IV SET-ECO		500		23020055C		1/26	0.00	6.50	0.00	12.00	390.00	0.00	3250.00
7	3808	KIACII LIQUID HAND SANITIZER 5		5					0.00	580.00	0.00	18.00	522.00	0.00	2900.00
8	3005	MICROPORE 3"		48		2302282		1/26	0.00	75.00	0.00	12.00	432.00	0.00	3600.00
9	996812	ADD FREIGHT CHARGES							0.00	1650.00	0.00	18.00	297.00	0.00	1650.00
CLASS		TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST		Total Items :-	9	Total Qty :-	1705	DIS AMT.	0.00	IGST PAYABLE	2807.76
		IGST 5.00%	0.00	0.00	0.00	0.00						Round off	0.00	CR/DR NOTE	0.00
		IGST 12.00%	0.00	0.00	0.00	0.00							0.00		0.00
		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		21123.00	0.00	0.00	2807.76	2807.76						Grand Total	23931.00		

Stock/No. of Boxes Received 4 boxes
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 N. No. : 63902299 599

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

23931.00