

Original for Buyer

GST INVOICE

Invoice No	A001290	Bill No.	
Invoice Date	17-11-2023	L.R. Date	17-11-2023
P.O. No.	24154	Cases	1
P.O. Date	06-11-2023	Due Date	16-03-2024

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO. :-
 STATION :- 09-UTTAR PRADESH



ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPPG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

BILL TO :
 DCDC CIVIL HOSPITAL RAEBAREILY
 CIVIL HOSPITAL RAEBAREILY
 State : 09

PHONE : 8506006174

SHIPPED TO

Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
 NEAR BUS STOP, RAEBAREILY
 UTTAR PRADESH - 8506006174
 NUMBER :- 8506006174

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	6210	BUFFANT CAP		200		0.00			0.00	0.90	0.00	5.00	9.00	0.00	180.00
2	30049039	INJ REVIL		50		W/011		12/24	0.00	3.30	0.00	12.00	19.80	0.00	165.00
3	996812	Add FREIGHT CHARGES							0.00	250.00	0.00	18.00	45.00	0.00	250.00

1 (Box)
 Stock No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M No. 9585551985

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	180.00	0.00	0.00	9.00	9.00	0.00	9.00	9.00	595.00
IGST 12.00%	165.00	0.00	0.00	19.80	19.80	0.00	19.80	19.80	0.00
IGST 18.00%	250.00	0.00	0.00	45.00	45.00	0.00	45.00	45.00	73.80
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	595.00	0.00	0.00	73.80	73.80	0.00	73.80	73.80	595.00

Rs. Six Hundred Sixty Nine Only

OUR BANK DETAILS AS :-		FOR ANIL PHARMA	
Bank Name : UJIVAN SMALL FINANCE BANK	Branch Name : ADARSH NAGAR	Authorised Signatory	
Account No. : 2207120040000335	IFSC Code : UJVN0002207	Grand Total	
		669.00	

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.