



ANIL PHARMA

8, 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

GST INVOICE

Invoice No	A001483	Bill No.	
Invoice Date	14-12-2023	L.R. Date	14-12-2023
P.O. No.	24489-1	Cases	0
P.O. Date	07-12-2023	Due Date	12-04-2024
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :- 09-UTTAR PRADESH			

Extra Copy
BILL TO :
 DCDC CIVIL HOSPITAL RAEBAREILY
 CIVIL HOSPITAL RAEBAREILY
 State : 09
 PHONE : 8506006174

SHIPPED TO
 Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, RANABENI MAD
 JILA CHIKITSALYA, NEAR BUS
 RAEBAREILY, UTTAR PRADESH
 NUMBER :- 8506006174

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	A
1	90189029	BLUE PUNCTURE 10LTR (2 Pcs Broken)		10	8				0.00	240.00	0.00	12.00	288.00	0.00	0.00
2	6210	BUFFANT CAP		100					0.00	0.90	0.00	5.00	4.50	0.00	0.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		200					0.00	1.50	0.00	5.00	15.00	0.00	0.00
4	30059040	FITSULA OFF KIT		500					0.00	8.00	0.00	12.00	480.00	0.00	0.00
5	30059040	FITSULA ON-KIT		200					0.00	8.00	0.00	12.00	192.00	0.00	0.00
6	9018	HMD 50ML SYRINGE		1		323505WUR2		5/28	0.00	640.00	0.00	12.00	76.80	0.00	0.00
7	9018	HYPODERMIC STERILE SYRINGE 10M		4		51010023		9/28	0.00	175.00	0.00	12.00	84.00	0.00	0.00
8	30049099	INJ ETOPHYLINE & THEOPHYLINE 1		1		RE-90		3/25	0.00	230.00	0.00	12.00	27.60	0.00	0.00
9	30049039	INJ REVIL		200		W011		12/24	0.00	3.30	0.00	12.00	79.20	0.00	0.00
10	9018	IV SET-ECO		200		HCR23007		4/26	0.00	6.50	0.00	12.00	156.00	0.00	0.00
11	996812	Add FREIGHT CHARGES							0.00	1730.00	0.00	18.00	311.40	0.00	0.00
TOTAL													1714.50	1714.50	

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.

Stock/No. of Boxes Received
 Subject to Physical Check
 Signature of Employee Code
 Date/Time
 Signature M.No.

FOR ANIL PHARMA

Date/Time
 Signature

Authorised Signatory

Grand Tot

15365

TOTAL
 DIS AMT.
 IGST PAYABLE
 PAYABLE
 Round off
 CR/DR NOTE