



# 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	A002087	Bill No.	
Invoice Date	15-03-2024	L.R. Date	15-03-2024
P.O. No.	25391	Cases	5
P.O. Date	05-03-2024	Due Date	13-07-2024

**Original for Buyer**

**BILL TO :**  
DCCD DISTRICT HOSPITAL DEORIA  
DISTRICT HOSPITAL  
POSTPARTUM CHAURAH, DEORIA State : 09  
UP-274001  
PHONE : 9506254443

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL  
POSTPARTUM CHAURAH, DEORIA  
UTTAR PRADESH - 274001  
NUMBER :- 9506254443

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	90183100	CARE DISPO. SYRINGE 10ML	1*50	20		B 24059		1/27	0.00	175.00	0.00	12.00	420.00	0.00	3500.00
2	4015	EXAM GLOVES (M)		65					0.00	230.00	0.00	12.00	1794.00	0.00	14950.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		200		0.00			0.00	1.50	0.00	5.00	15.00	0.00	300.00
4	30059040	FITSULA OFF KIT		1000		0.00			0.00	7.85	0.00	12.00	942.00	0.00	7850.00
5	30059040	FITSULA ON-KIT		500		0.00			0.00	7.85	0.00	12.00	471.00	0.00	3925.00
6	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	3		68912023		11/28	0.00	195.00	0.00	12.00	70.20	0.00	585.00
7	3004	INI BIOCETAMOL (PYREMOL) 2ML 1		100		W773		11/25	0.00	5.10	0.00	12.00	61.20	0.00	510.00
8	3004	INI HYDROCOTISONE 100MG (EFFCO		100		23GL16Z		11/25	0.00	23.50	0.00	5.00	117.50	0.00	2350.00
9	30043913	INI MERPEX ( DEXA )		50		MN23409A		1/26	0.00	7.00	0.00	12.00	42.00	0.00	350.00
10	3004	INI PANTAPROZOLE 40MG		50		W532		8/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00
11	30049039	INI REVIL		100		HCR23027		12/26	0.00	3.30	0.00	12.00	39.60	0.00	330.00
12	9018	IV SET-ECO		800		2401253		12/26	0.00	6.50	0.00	12.00	624.00	0.00	5200.00
13	3005	MICROPOR 3"		40		N0140108		12/26	0.00	15.00	0.00	12.00	90.00	0.00	750.00
14	30049087	POVINANZ M/B POWDER		50				12/26	0.00	3765.00	0.00	18.00	677.70	0.00	3765.00
15	996812	Add FREIGHT CHARGES							0.00						
<b>CLASS</b>		<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>Exp</b>	<b>M.R.P</b>	<b>Rate</b>	<b>Dis</b>	<b>IGST</b>	<b>Value</b>	<b>Value</b>	<b>Amount</b>	
		2650.00	0.00	0.00	132.50	132.50	1/27	0.00	175.00	0.00	12.00	420.00	0.00	3500.00	0.00
		41665.00	0.00	0.00	4999.80	4999.80		0.00	230.00	0.00	12.00	1794.00	0.00	14950.00	0.00
		3765.00	0.00	0.00	677.70	677.70		0.00	1.50	0.00	5.00	15.00	0.00	300.00	0.00
		0.00	0.00	0.00	0.00	0.00		0.00	7.85	0.00	12.00	942.00	0.00	7850.00	0.00
		0.00	0.00	0.00	0.00	0.00		0.00	7.85	0.00	12.00	471.00	0.00	3925.00	0.00
		48080.00	0.00	0.00	5810.00	5810.00		0.00	195.00	0.00	12.00	70.20	0.00	585.00	0.00
								11/25	0.00	5.10	0.00	12.00	61.20	0.00	510.00
								11/25	0.00	23.50	0.00	5.00	117.50	0.00	2350.00
								1/26	0.00	7.00	0.00	12.00	42.00	0.00	350.00
								8/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00
								12/26	0.00	3.30	0.00	12.00	39.60	0.00	330.00
								12/26	0.00	6.50	0.00	12.00	624.00	0.00	5200.00
								12/26	0.00	15.00	0.00	12.00	90.00	0.00	750.00
								12/26	0.00	3765.00	0.00	18.00	677.70	0.00	3765.00
<b>TOTAL</b>		<b>48080.00</b>	<b>0.00</b>	<b>0.00</b>	<b>5810.00</b>	<b>5810.00</b>									

Rs. Fifty Three Thousand Eight Hundred Ninety Only

**OUR BANK DETAILS AS :-**  
Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
IFSC Code : UJVN0002207

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

**FOR ANIL PHARMA**  
Authorized Signatory

Grand Total  
53890.00

**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.