



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

GST INVOICE

Invoice No	A000958	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23657	Cases	0
P.O. Date	06-09-2023	Due Date	17-01-2024

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

BILL TO :
 DDC DISTRICT HOSPITAL AMROHA
 DISTRICT HOSPITAL, ZOYA ROAD
 NEAR SSP OFFICE, AMROHA State : 09
 PHONE : 8506000946

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, DISTRICT HOSPITAL
 JOYA ROAD, NEAR SSP OFFICE
 AMROHA, UTTAR PRADESH - 244221
 NUMBER :- 9548868225

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	3WAY STOP COCK(UNICOT)		2		1HB02222		1/24	34.25	8.50	0.00	12.00	2.04	0.00	0.00
2	4015	EXAM GLOVES (M)		80					0.00	230.00	0.00	12.00	2208.00	0.00	0.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		800					0.00	1.50	0.00	5.00	60.00	0.00	0.00
4	30059040	FITSULA OFF KIT		200					0.00	8.00	0.00	12.00	192.00	0.00	0.00
5	30059040	FITSULA ON-KIT		500					0.00	8.00	0.00	12.00	480.00	0.00	0.00
6	9019	GUDEL AIRWAY 4 (OROPHARYNGEAL		2		GA0061	2/22	7/26	0.00	68.00	0.00	12.00	16.32	0.00	0.00
7	9019	GUIDEL AIRWAY 5		2		GA0061	2/22	3/28	0.00	68.00	0.00	12.00	16.32	0.00	0.00
8	9018	HMD 50ML SYRING		1		317503WDR1		8/27	0.00	640.00	0.00	12.00	76.80	0.00	0.00
9	9018	HMD KIT KATH 16NO		2		23723N	11/22	8/27	0.00	8.00	0.00	12.00	1.92	0.00	0.00
10	9018	HYPODERMIC STERILE SYRINGE 5ML		8		35607023		6/28	0.00	195.00	0.00	12.00	187.20	0.00	0.00
11	9018	HYPODERMIC STERILE SYRINGE 10M		20		34707023		6/28	0.00	175.00	0.00	12.00	420.00	0.00	0.00
12	90183100	HYPODERMIC 20ML SYRINGE		1		54111021	3/22	10/26	0.00	250.00	0.00	12.00	30.00	0.00	0.00
13	3004	INJ ADRENALINE1ML 1*50(R)		1		AD-195		9/24	0.00	245.00	0.00	12.00	29.40	0.00	0.00
14	3004	INJ ATROPINE SULPHATE 1ML*100		1		AT-169		1/25	0.00	288.00	0.00	5.00	14.40	0.00	0.00
15	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		I3G011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	0.00
16	3004	INJ DOPMINE 200MG 1*5 (DOMIN)		25		AZ2571B		10/24	0.00	16.00	0.00	5.00	20.00	0.00	0.00
17	30049081	INJ EPSOLIN 2ML (1*7)		10		MNZ3091A		3/25	0.00	10.20	0.00	12.00	12.24	0.00	0.00
18	30049099	INJ ETOPHYLINE & THEOPHYLINE 1		1		RE-90		3/25	0.00	230.00	0.00	12.00	27.60	0.00	0.00
CLASS			TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST								
IGST 5.00%			1888.00	0.00	0.00	94.40	94.40								
IGST 12.00%			31087.00	0.00	0.00	3730.44	3730.44								
IGST 18.00%			0.00	0.00	0.00	0.00	0.00								
IGST 28 %			0.00	0.00	0.00	0.00	0.00								
TOTAL			32975.00	0.00	0.00	3824.84	3824.84								

Rs. Seventy Six Thousand Two Hundred Thirty Seven Only

Terms & Conditions

Goods once sold will not be taken back or exchanged.
 All disputes subject to Jurisdiction only.
 Bills not paid due date will attract 24% interest

FOR ANIL PHARMA

Authorised Signatory



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

Signature

Continue Pag



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Transport :-			
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VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

BILL TO :
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 DISTRICT HOSPITAL, ZOYA ROAD
 NEAR SSP OFFICE, AMROHA State : 09
 PHONE : 8506000946

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, DISTRICT HOSPITAL
 JOYA ROAD NEAR SSP OFFICE
 AMROHA, UTTAR PRADESH - 244221
 NUMBER :- 9548868225

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount													
19	3004	INJ FRUSAMIDE 1*50 (R) / LASI	1*50	1		FM-123		3/25	0.00	165.00	0.00	12.00	19.80	0.00	0.00													
20	3004	INJ HOSTRANIL 25000 IU		100		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1560.00	0.00	0.00													
21	3004	INJ HYDROCORTISONE 100MG (EFFCO		50		23GFC04M		5/25	0.00	23.50	0.00	5.00	58.75	0.00	0.00													
22	3004	INJ MEDARONE 3ML (CORDRONE)		5		A22590A	2/23	11/24	0.00	50.00	0.00	12.00	30.00	0.00	0.00													
23	3004	INJ MIDAZOLAM 10ML (MIDFIX)		20		AL2033		10/24	0.00	45.50	0.00	12.00	109.20	0.00	0.00													
24	3004	INJ ONDION (EMSET)		50		OS-01		5/25	0.00	4.80	0.00	12.00	28.80	0.00	0.00													
25	3004	INJ POTASSIUM CHLORIDE10ML 1*	1*50	1		PC-205		5/25	0.00	300.00	0.00	12.00	36.00	0.00	0.00													
26	3004	INJ RENOPHYLINE 10ML 1*50(R0	1*50	1		RP-116		9/24	0.00	285.00	0.00	12.00	34.20	0.00	0.00													
27	3004	INJ REVLIL		50		W010		12/24	0.00	3.30	0.00	12.00	19.80	0.00	0.00													
28	3004	INJ TRANEXA 5ML (TEXACOT)		25		MN23096D		3/25	0.00	33.50	0.00	5.00	41.88	0.00	0.00													
29	9018	IV SET-ECO		1000		HCR23008		5/26	0.00	6.50	0.00	12.00	780.00	0.00	0.00													
30	3005	MICROPORE 3"		52		2308119		7/26	0.00	75.00	0.00	12.00	468.00	0.00	0.00													
31	9018	NASOPHARENGEAL AIRWAY 6NO		2		N0130079		3/26	0.00	130.00	0.00	12.00	31.20	0.00	0.00													
32	3004	POVINANZ M/B POWDER		50		G221111119		10/27	0.00	15.00	0.00	12.00	90.00	0.00	0.00													
33	9018	RMS CANULA 18NO		2		G221010619		9/27	0.00	8.00	0.00	12.00	1.92	0.00	0.00													
34	9018	RMS CANULA 20NO		2		G221110858		10/27	0.00	8.00	0.00	12.00	1.92	0.00	0.00													
35	9018	RMS CANULA 22NO		2					0.00	8.00	0.00	12.00	1.92	0.00	0.00													
CLASS													TOTAL															
IGST 5.00%													3900.50	0.00	0.00	195.03	0.00	0.00	195.03									
IGST 12.00%													57860.00	0.00	0.00	6943.20	0.00	0.00	6943.20									
IGST 18.00%													0.00	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	0.00									
TOTAL													61760.50	0.00	0.00	7138.23	0.00	0.00	7138.23									

Rs. Seventy Six Thousand Two Hundred Thirty Seven Only

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Stock/No. of Boxes Received : 11
 Subject to Physical Check
 Name of Employee : D.Y. Singh
 Date : 26/09/23
 N. 8506000946

FOR ANIL PHARMA
 Authorised Signatory

Continue Page



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DISTRICT HOSPITAL, ZOYA-ROAD
NEAR SSP OFFICE, AMROHA State : 09
PHONE : 8506000946

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
JOYA ROAD, NEAR SSP OFFICE
AMROHA, UTTAR PRADESH - 244221
NUMBER :- 9548868225

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount			
36	9019	RMS NASOPHARYNGEAL AIRWAY 7		2		0.00			0.00	135.00	0.00	12.00	32.40	0.00	0.00			
37	9018	RMS SUCTION CATHETER PLAIN FG-		20		0.00			0.00	8.90	0.00	12.00	21.36	0.00	0.00			
38	4015	SURGICARE GLOVES 7NO		50		0.00			0.00	16.00	0.00	12.00	96.00	0.00	0.00			
39	4015	SURGICARE GLOVES 6.50 NO		50		0.00			0.00	16.00	0.00	12.00	96.00	0.00	0.00			
40	4015	SURGICARE GLOVES 7.5	1125	50		0.00			0.00	16.00	0.00	12.00	96.00	0.00	0.00			
41	3004	XYLOCAINE JELLY		1		0.00			0.00	21.50	0.00	12.00	2.58	0.00	0.00			
42	996812	ADD FREIGHT CHARGES		1		0.00			0.00	3495.00	0.00	18.00	629.10	0.00	0.00			
TOTAL													68125.00	8111.67	8111.67	0.00	0.00	0.00

TOTAL	DIS AMT.	IGST PAYABLE	PAYBLE	Round off	CR/DR NOTE
68125.00	8111.67	8111.67	0.00	0.00	

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN 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

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Grand Total
76237.00