



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

Duplicate for Transporter

Invoice No	A001234	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24317-1	Cases	0
P.O. Date	08-11-2023	Due Date	15-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :- 09-UTTAR PRADESH			

BILL TO :
 DDCD 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	4015	EXAM GLOVES (M)		50					0.00	230.00	0.00	12.00	1380.00	0.00	0.00	11500.0
CLASS		TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-		Total Qty :-				TOTAL			
		IGST 5.00%	0.00	0.00	0.00	0.00	1		50				DIS AMT.	0.00		
		IGST 12.00%	11500.00	0.00	0.00	1380.00	1380.00		Total IGST :-				IGST PAYABLE	1380.00		
		IGST 18.00%	0.00	0.00	0.00	0.00	0.00						PAYABLE	0.00		
		IGST 28 %	0.00	0.00	0.00	0.00	0.00						Round off	0.00		
		TOTAL	11500.00	0.00	0.00	1380.00	1380.00						CR/DR NOTE	0.00		
		Rs. Twelve Thousand Eight Hundred Eighty Only														

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

Terms & Conditions

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

Stamp/Signature of Boxes Received
 Subject to Physical Check
 Name/Employee Code : K. H. Sandhu
 Centre Name : Deoria
 Date/Time : 16/11/2023

FOR ANIL PHARMA
 Authorised Signatory

Grand Total
 12880.00