



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	A001393	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24166	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

BILL TO :
 DDCD DISTRICT HOSPITAL DEORIA
 DISTRICT HOSPITAL
 POSTPARTUM CHAURAHAA, DEORIA State : 09
 UP-274001
 PHONE : 9506254443

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, DISTRICT HOSPITAL
 POSTPARTUM CHAURAHAA, DEORIA
 UTTAR PRADESH - 274001
 NUMBER :- 9506254443

QUANTITY OF Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No. : 998223 2495

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3005904d	FITSULA OFF KIT		200		0.00			0.00	8.00	0.00	12.00	192.00	0.00	1600.00
2	9018	GREEN LIFE 5ML SYR		3		121023		9/28	0.00	195.00	0.00	12.00	70.20	0.00	585.00
3	996812	Add FREIGHT CHARGES							0.00	845.00	0.00	18.00	152.10	0.00	845.00
TOTAL				3030.00		0.00				414.30		0.00	414.30		3030.00

FOR ANIL PHARMA

Authorised Signatory

Grand Total

3444.00

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

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