

Original for Buyer

GST INVOICE

BILL TO :
 DCDC CIVIL HOSPITAL RAEBAREILY
 CIVIL HOSPITAL RAEBAREILY
 State : 09

PHONE : 8506006174

Invoice No	A001750	Bill No.	19-01-2024
Invoice Date	19-01-2024	L.R. Date	19-01-2024
P.O. No.	24761	Cases	1
P.O. Date	05-01-2024	Due Date	18-05-2024

Transport :-

E-WAY BILL NO :-

VEHICLE NO :-

STATION :- 09-UJTAR PRADESH

SHIPPED TO
 Name :- DISTRICT HOSPITAL
 Address:- DIALYSIS UNIT, RANABENI MADHAV SINGH
 RAEBARELI, UTTAR PRADESH - 229001
 NUMBER :- 8506006174



ANIL PHARMA

33, RAJAN BABU ROAD,
 ANIL PHARMA, DELHI - 110033
 Phone : 011-41557131, 9212300328
 No. : 20B-137393 \ 21B-137394
 N : 07AAAPPG6291A1ZR
 Email : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
300059040	FITSULA OFF KIT		1000		0.00			0.00	7.85	0.00	12.00	942.00	0.00	7850.00
300059040	FITSULA ON-KIT		1000		0.00			0.00	7.85	0.00	12.00	942.00	0.00	7850.00
996812	Add FREIGHT CHARGES							0.00	2045.00	0.00	18.00	368.10	0.00	2045.00

Stock/No. of Boxes Received 1 (Box)
 Subject to Physical Check
 Name/Employee Code DHR B L R COE081
 Centre Name Raebareilly
 Date/Time 23.11.24
 Signature 95255795

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL	Amount
T 5.00%	0.00	0.00	0.00	0.00	0.00	3	2000	DIS AMT.	0.00
T 12.00%	15700.00	0.00	0.00	1884.00	1884.00			IGST PAYABLE	2252.10
T 18.00%	2045.00	0.00	0.00	368.10	368.10			PAYABLE	0.00
T 28 %	0.00	0.00	0.00	0.00	0.00			Round off	-0.10
TOTAL	17745.00	0.00	0.00	2252.10	2252.10			CR/DR NOTE	0.00
TOTAL									17745.00

FOR ANIL PHARMA

 Authorised Signatory

BANK DETAILS AS :-
 Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 Code : UJVN0002207

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

Grand Total
 19997.00