



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \21B-137394  
GSTIN : 07AAPPGG291A1ZR  
E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Invoice No A001748  
Invoice Date 19-01-2024  
P.O. No. 24740  
P.O. Date 05-01-2024  
Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 09-UTTAR PRADESH

**Original for Buyer**  
**BILL TO :**  
DCDC DISTRICT HOSPITAL DEORIA  
DISTRICT HOSPITAL  
POSTPARTUM CHAURAH, DEORIA State : 09  
UP-274001  
PHONE : 9506254443

**SHIPPED TO**  
DISTRICT HOSPITAL  
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	30059040	FITSULA OFF KIT		1000					0.00	7.85	0.00	12.00	942.00	0.00	7850.00
2	30059040	FITSULA ON-KIT		1000					0.00	7.85	0.00	12.00	942.00	0.00	7850.00
3	996812	Add FREIGHT CHARGES							0.00	1930.00	0.00	18.00	347.40	0.00	1930.00
<b>TOTAL</b>															<b>17630.00</b>

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

**OUR BANK DETAILS AS :-**  
Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 22071200400000335  
IFSC Code : UJVN0002207

Signature .....  
Date/Time .....  
Centre Name .....  
Employee Code .....  
M. No. ....

**FOR ANIL PHARMA**  
Authorised Signatory

**Grand Total**  
19861.00

**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.