Original for Buyer

GST INVOICE

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

Invoice No	A001019	Bill No.	
Invoice Date	03-10-2023	L.R. Date	03-10-2023
P.O. No.	23860-1	Cases	0
P.O, Date	03-10-2023	Due Date	31-01-2024

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

BILL TO :
DCDC DISTRICT HOSPITAL DEORIA
DISTRICT HOSPITAL
POSTPARTUM CHAURAHA ,DEORIA State : 09
UP-274001
PHONE. : 9506254443

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
POSTPARTUM CHAURAHA, 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	11500.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	11500.00	0.00	0.00	1380.00	0.00	1380.00
IGST 18.00%	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
TOTAL	11500.00	0.00	0.00	1380.00	0.00	1380.00

Total Items :- 1
Total Qty :- 50

TOTAL	11500.00
DIS AMT.	0.00
IGST PAYBLE	1380.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Twelve Thousand Eight Hundred Eighty Only

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

No. of Boxes Received 3
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature
M. No. 9905232496

FOR ANIL PHARMA

Authorised Signatory

Grand Total

12880.00

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 Jurisdication only.