



ANIL PHARMA

8, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
Fax No : 20B-137393 \ 21B-137394
PIN : 07AAPP6291A1ZR
Email : anilpharma1997@gmail.com

GST INVOICE

Duplicate for Transporter

BILL TO :

DCDC DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER, DDISTRICT HOSPITAL
VILLAGE MOMMONM DIST. KASGANJ State : 09
UTTAR PRADESH-207123
PHONE. : 9584802753

Invoice No	A000640	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23334	Cases	0
P.O. Date	08-08-2023	Due Date	07-12-2023

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

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT , DISTRICT HOSPITAL
VILLAGE MAMMON , NEAR DISTRICT COURT
KASGANJ , UTTAR PRADESH - 207123
NUMBER :- 9584802753

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
30049099	INJ HOSTRANIL 25000 IU		70		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1092.00	0.00	9100.00

Subj. to Physical Check
Name/Employee Code : V. Mal / DC2169
Centre Name : DH, Kasganj
Date/Time : 16/8/23
Signature : [Signature] M. No : 9584802753

TAX	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
T 5.00%	0.00	0.00	0.00	0.00	0.00	9100.00
T 12.00%	9100.00	0.00	0.00	1092.00	0.00	1092.00
T 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
T 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	9100.00	0.00	0.00	1092.00	0.00	1092.00

Total Items :- 1
Total Qty :- 70

TOTAL	9100.00
DIS AMT.	0.00
IGST PAYBLE	1092.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

BANK DETAILS AS :-

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

FOR ANIL PHARMA



Authorised Signatory

Grand Total

10192.00

Terms & Conditions

Once sold will not be taken back or exchanged.
Not paid due date will attract 24% interest.
Disputes subject to Jurisdiction only.