



# 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

Original for Buyer

Invoice No	A001725	Bill No.	
Invoice Date	18-01-2024	L.R. Date	18-01-2024
P.O. No.	24816	Cases	0
P.O. Date	05-01-2024	Due Date	18-01-2024
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO :-			
VEHICLE NO. 47:16			
STATION :- 19-WEST BENGAL			

**BILL TO :**  
 DDDC RUBY GENERAL HOSPITAL KOLKATA  
 RUBY GENERAL HOSPITAL  
 KOLKATA State : 19  
 PHONE : 8506005556

**SHIPPED TO**  
 Name :- RUBY HOSPITAL  
 Address:- DIALYSIS UNIT, RUBY HOSPITAL  
 EM BYPASS ROAD, KASBA GOLPARK  
 KOLKATA, WEST BENGAL  
 NUMBER :-

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30059010	COTTON ROLL 500GM		5		243		10/26	0.00	115.00	0.00	12.00	69.00	0.00	575.00
<b>CLASS</b>		<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>			<b>Total Items :-</b>	<b>1</b>			<b>DIS AMT.</b>	<b>0.00</b>	
		IGST 5.00%	0.00	0.00	0.00	0.00			<b>Total Qty :-</b>	<b>5</b>			<b>IGST PAYABLE</b>	<b>69.00</b>	
		IGST 12.00%	575.00	0.00	69.00	69.00							<b>PAYABLE</b>	<b>0.00</b>	
		IGST 18.00%	0.00	0.00	0.00	0.00							<b>Round off</b>	<b>0.00</b>	
		IGST 28.00%	0.00	0.00	0.00	0.00							<b>CRDR NOTE</b>	<b>0.00</b>	
<b>TOTAL</b>		<b>575.00</b>	<b>0.00</b>	<b>0.00</b>	<b>69.00</b>	<b>69.00</b>							<b>TOTAL</b>	<b>575.00</b>	

Rs. Six Hundred Forty Four Only

### OUR BANK DETAILS :-

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

### 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.

### FOR ANIL PHARMA

Authorised Signatory

Stock No. of Boxes Received **5 PLS**  
 Subject to Physical Check  
 Name/Employee Code **ANIL PHARMA**  
 Centre Name **RUBY HOSPITAL**  
 Date/Time **18/01/2024**  
 Signature **[Signature]** M. No. ....

Grand Total

644.00