



# 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

Duplicate for Transporter

**BILL TO :**  
DCDC SADAR HOSPITAL DHANBAD  
SADAR HOSPITAL . NEAR COURT,  
DHANBAD , JHARKHAND State - 20  
825001  
PHONE : 9504172351

Invoice No	A000879	Bill No.	
Invoice Date	13-09-2023	L.R. Date	13-09-2023
P.O. No.	23723	Cases	0
P.O. Date	06-09-2023	Due Date	11-01-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 20-JHARKHAND

**SHIPPED TO**  
Name :- SADAR HOSPITAL  
Address:- DIALYSIS UNIT, SADAR HOSPITAL  
NEAR COURT , DHANBAD  
JHARKHAND - 825001  
NUMBER :- 9504172351

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	90189028	BLUE PUNCTURE 10LTR													
2	4015	EXAM GLOVES (S)		5											
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		20					0.00	240.00	0.00	12.00	144.00	0.00	1200.00
4	30069040	FITSULA OFF KIT		1000					0.00	230.00	0.00	12.00	552.00	0.00	4600.00
5	30069040	FITSULA ON-KIT		500					0.00	1.50	0.00	5.00	75.00	0.00	1500.00
6	9016	HYPODERMIC STERILE SYRINGE 5ML		500					0.00	8.00	0.00	12.00	480.00	0.00	4000.00
7	9016	HYPODERMIC STERILE SYRINGE 10M	1*100	3		35507023		6/28	0.00	8.00	0.00	12.00	480.00	0.00	4000.00
8	90183100	HYPODERMIC 20ML SYRINGE	1*50	10		23705023		4/28	0.00	195.00	0.00	12.00	70.20	0.00	585.00
9	3004	INJ ATROPINE SULPHATE 1ML*100	1*25	10		54111021	3/22	10/26	0.00	175.00	0.00	12.00	210.00	0.00	1750.00
10	30049099	INJ ETOPHYLINE & THEOPHYLINE 1	1*100	1		AT-169		1/25	0.00	250.00	0.00	12.00	300.00	0.00	2500.00
11	30049099	INJ MIDAZOLAM 10ML (MIDFIX)	1*50	1		RE-90		3/25	0.00	288.00	0.00	5.00	14.40	0.00	288.00
12	9018	IV SET-ECO		20		AL2033		10/24	0.00	230.00	0.00	12.00	27.60	0.00	230.00
13	9018	SHARP CONTAINER PLASTIC 3LTR		500		23060260C		5/26	0.00	45.50	0.00	12.00	109.20	0.00	910.00
14	996812	Add FREIGHT CHARGES		30		0.00			0.00	6.50	0.00	12.00	390.00	0.00	3250.00
									0.00	150.00	0.00	12.00	540.00	0.00	4500.00
									0.00	2960.00	0.00	18.00	532.80	0.00	2960.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1788.00	0.00	0.00	89.40	89.40	32273.00
IGST 12.00%	27525.00	0.00	0.00	3303.00	3303.00	DIS AMT. 0.00
IGST 18.00%	2960.00	0.00	0.00	532.80	532.80	IGST PAYBLE 3925.20
IGST 28 %	0.00	0.00	0.00	0.00	0.00	PAYBLE 0.00
<b>TOTAL</b>	32273.00	0.00	0.00	3925.20	3925.20	Round off -0.2

Rs. Thirty Six Thousand One Hundred Ninety Eight Only

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

Stock/No. of Boxes Received .....06.....  
Subject to Physical Check  
Name of Employee Code .....  
Centre Name .....Sadar Hospital.....  
Date/Time .....11.30 PM.....  
Signature .....M. No. 9504172351

**FOR ANIL PHARMA**  
Authorized Signatory

Grand Total  
36198.00

**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.