



ANIL PHARMA

-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	A001976	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25450	Cases	0
P.O. Date	05-03-2024	Due Date	07-07-2024
Transport :-	DELHIVERY PRIVATE LIMITED		
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :-	09-UTTAR PRADESH		

BILL TO :
DCCG DISTRICT HOSPITAL MATHURA
DISTRICT HOSPITAL, CIVIL LINES
CHAUBEY PARA, MATHURA State : 09
PHONE : 8218762122

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, MAHARISHI DAYANAND
DISTRICT HOSPITAL, CHAUBEY PARA
MATHURA, UTTAR PRADESH - 281001
NUMBER :- 9837867021

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	IV SET-ECCO		1000		HCR23027		12/26	0.00	6.50	0.00	12.00	780.00	0.00	6500.00
CLASS			TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-				DIS AMT.	Value	Amount
IGST 5.00%			0.00	0.00	0.00	0.00	0.00	1	1000				0.00		0.00
IGST 12.00%			6500.00	0.00	0.00	780.00	780.00						780.00		780.00
IGST 18.00%			0.00	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		0.00
TOTAL			6500.00	0.00	0.00	780.00	780.00						0.00		0.00

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

FOR ANIL PHARMA

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.

Stock/No. of Boxes Received : 6.00
Subject to Physical Check
Name/Employee Code :
Centre Name :
Date/Time :
Signature :
M.No. :
Authorised Signatory

Grand Total
7280.00