

Triplicate for Assessee

**GST INVOICE**

**BILL TO :**  
 DCDC MAMC HOSPITAL AGROHA  
 MAHARAJA AGGRASAIN MEDICAL COLLEGE  
 AGROHA HISAR State : 06  
 HARYANA-125047  
 PHONE : 8506005588

Invoice No	A000303	L.R. No.	05-06-2023
Invoice Date	05-06-2023	L.R. Date	0
P.O. No.		Cases	0
P.O. Date		Due Date	05-06-2023

Transport :-  
 E-WAY BILL NO :-  
 VEHICLE NO. 41:20  
 STATION :- 06-HARYANA



**ANIL PHARMA**

RAJAN BABU ROAD,  
 SH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 Fax : 20B-137393 \ 21B-137394  
 E-Mail : 07AAPPG6291A1ZR  
 Website : anilpharma1997@gmail.com

**SHIPPED TO**

Name :-  
 ADDRESS :-

NUMBER :-

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
3018	IV SET-ECO		400		IVG010123		12/27	0.00	6.50	0.00	12.00	312.00	0.00	2600.00
<p><b>TOTAL</b> 2600.00 0.00 312.00 0.00 0.00 0.00 0.00 312.00 0.00 2600.00</p>														

Stock/No. of Boxes Received 2  
 Subject to Physical Check  
 Name/Employee Code MAMC  
 Centre Name MAMC  
 Date/Time 21/12/23 12:05 PM  
 Signature M. No. 7988339676

<b>TOTAL</b>	<b>2600.00</b>
DIS AMT.	0.00
IGST PAYABLE	312.00
PAYABLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Total Items :-	1
Total Qty :-	400

FOR ANIL PHARMA

**BANK DETAILS :-**  
 Name : UJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 Code : UJVN0002207

**Grand Total**  
 2912.00

Authorised Signatory

**Terms & Conditions**  
 Goods once sold will not be taken back or exchanged.  
 Not paid due date will attract 24% interest.  
 Disputes subject to DELHI Jurisdiction only.