



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
 ADARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 D.L.No. : 208-137393, 21B-137394  
 GSTIN : 07AAPPG6291A1ZR  
 E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Invoice No	A000581	L.R. No.	
Invoice Date	26-07-2023	L.R. Date	26-07-2023
P.O. No.	23270-1	Cases	0
P.O. Date	17-07-2023	Due Date	23-11-2023

Transport :-  
 E-WAY BILL NO :-  
 VEHICLE NO :-  
 STATION :- 07-DELHI

Original for Buyer  
**BILL TO**  
 DCDC HEALTH SERVICES PVT. LTD  
 C-185, FIRST FLOOR, MAYAPURI INDUS  
 AREA PHASE - 2, MAYAPURI SIAE - 07  
 NEW DELHI - 110064  
 PHONE : 9811561247

**SHIPPED TO**  
 Name :- B-22 MULTAN NAGAR  
 ADDRESS :- DIALYSIS UNIT, B-22 MAIN OPPOSITE  
 PASCHIM VIHAR METRO PILLAR NO. 225  
 NEW MULTAN NAGAR, NEW DELHI-110056  
 NUMBER :- 9667923164

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value
1	30051020	TEGADERM 8526IN		50		R05230822		4/26	0.00	79.50	0.00	6.00	238.50	6.00	238.50
<p>Stock/NO. of Boxes Received ..... 1 Box            Subject to Physical Check .....            Name/Employee Code .....            Centre Name .....            Date/Time .....            Signature .....            M.No. ....</p>															
<p><b>TOTAL</b> 3975.00</p>															

FOR ANIL PHARMA

Authorised Signatory

Grand Total

4452.00

**OUR BANK DETAILS AS :-**  
 Bank Name : UTIIVANI SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 22071200400000335  
 IFSC Code : UTMN0002207

**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.