



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D L No 20B-137393 \ 21B-137394
GSTIN 07AAPPG6291A1ZR
E-Mail anilpharma1997@gmail.com

GST INVOICE

Invoice No	A000477	L.R. No.	
Invoice Date	13-07-2023	L.R. Date	13-07-2023
P.O. No.	23124	Cases	0
P.O. Date	05-07-2023	Due Date	10-11-2023

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

Duplicate for Transporter

BILL TO :
DCDC SADAR HOSPITAL SIMDEGA
SADAR HOSPITAL, NH-23, THANA TOLI
SALDEGA SIMDEGA State 20
JHARKHAND-835223
PHONE 8506000395

SHIPPED TO
Name :- SADAR HOSPITAL
ADDRESS :- DISLYSIS UNIT, SADAR HOSPITAL,
NH 23, THANA TOLI, SALDEGA, SIMDEGA
JHARKHAND - 835223
NUMBER :- 8506000395

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	3005	DYNAPLAST		2		0.00			0.00	149.50	0.00	12.00	35.88	0.00	0.00	299.00
2	3005	MICROPORE 3"		20		2303044		4/26	0.00	75.00	0.00	12.00	180.00	0.00	0.00	1500.00
3	996812	Add FREIGHT CHARGES							0.00	400.00	0.00	18.00	72.00	0.00	0.00	400.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	1799.00	0.00	0.00	215.88	0.00	215.88
IGST 18.00%	400.00	0.00	0.00	72.00	0.00	72.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2199.00	0.00	0.00	287.88	0.00	287.88

Rs. Two Thousand Four Hundred Eighty Seven Only

OUR BANK DETAILS AS :-
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.

Stock/No. of Boxes Received 1 Box
Subject to Check
Name D.C.P. 447
Centre Name SADAR HOSPITAL SIMDEGA
Date/Time 28/7/23
Signature [Signature] M. No. 8294167791

FOR ANIL PHARMA

Authorized Signatory

Grand Total

2487.00