



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L No : 20B-137393\121B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail anilpharma1997@gmail.com

GST INVOICE

Duplicate for Transporter

Invoice No	A000652	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23493	Cases	0
P.O. Date	07-08-2023	Due Date	07-12-2023

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO:31358735718
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

BILL TO :
DCDC DISTRICT HOSPITAL FARRUKHABAD
DR MANOHAR LOHIA MALE DISTRICT
HOSPITAL FARRUKHABAD State : 09
UTTAR PRADESH-209525
PHONE : 8933040309

SHIPPED TO
Name :- DISTRICT HOSPITAL
DIALYSIS UNIT , DR MANOHAR LOHIA MALE
Address:- DISTRICT HOSPITAL , FARRUKHABAD
UTTAR PRADESH - 8933040309
NUMBER :- 8933040309

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	90189029	BLUE PUNCTURE 10LTR		5					0.00	240.00	0.00	12.00	144.00	0.00	0.00	1200.00
2	4015	EXAM GLOVES (M)		80					0.00	230.00	0.00	12.00	2208.00	0.00	0.00	18400.00
3	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		000			0.00	1.50	0.00	5.00	37.50	0.00	0.00	750.00
4	30059040	FITSULA OFF KIT		500		000			0.00	8.00	0.00	12.00	480.00	0.00	0.00	4000.00
5	30059040	FITSULA ON-KIT		1000		000			0.00	8.00	0.00	12.00	960.00	0.00	0.00	8000.00
6	3005	G PLAST		20		2303BD0		2/28	0.00	75.00	0.00	12.00	180.00	0.00	0.00	1500.00
7	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	30		23405023		4/28	0.00	175.00	0.00	12.00	630.00	0.00	0.00	5250.00
8	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		Q22AM065		1/24	0.00	5.10	0.00	12.00	30.60	0.00	0.00	255.00
9	30049099	INJ MIDAZOLAM 10ML (MIDFIX)		60		AL2033		10/24	0.00	45.50	0.00	12.00	327.60	0.00	0.00	2730.00
10	30049069	INJ ONDION (EMSET)		50		Q23AM016		12/24	0.00	4.80	0.00	12.00	28.80	0.00	0.00	240.00
11	30049039	INJ REVIL		50		W010		12/24	0.00	3.30	0.00	12.00	19.80	0.00	0.00	165.00
12	3004	INJ S.B.C 10ML 1*50 (R)	1*50	1		SB-278	2/23	10/24	0.00	305.00	0.00	12.00	36.60	0.00	0.00	305.00
13	9018	IV SET-ECO		1000		HCR23007		4/26	0.00	6.50	0.00	12.00	780.00	0.00	0.00	6500.00
14	3005	MICROPORE 2"		48		2307088		6/26	0.00	46.60	0.00	12.00	268.42	0.00	0.00	2236.80
15	30049087	POVINANZ M/B POWDER		50		NO130079		3/26	0.00	15.00	0.00	12.00	90.00	0.00	0.00	750.00
16	9018	RMS CANULA 18NO		10		G21042354	6/21	3/26	0.00	8.00	0.00	12.00	9.60	0.00	0.00	80.00
17	9018	SHARP CONTAINER PLASTIC 3LTR		5		000			0.00	150.00	0.00	12.00	90.00	0.00	0.00	750.00
18	30049075	TAB ARKAMIN (CLODICT)		10		23DT0506A		3/26	0.00	38.00	0.00	12.00	45.60	0.00	0.00	380.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	750.00	0.00	0.00	37.50	0.00	37.50
IGST 12.00%	52741.80	0.00	0.00	6329.02	0.00	6329.02
IGST 18.00%	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
TOTAL	53491.80	0.00	0.00	6366.52	0.00	6366.52

Rs. Sixty Three Thousand Nine Hundred Eighty Three Only

Terms & Conditions

Goods once sold will not be taken back or exchanged.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

Stock/No. of Boxes Received 14 Box
Subject to Physical Check
Name/Employee Code
Centre Name
Time
M. No.

FOR ANIL PHARMA



Continue Page..



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Duplicate for Transporter

Invoice No	A000652	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23493	Cases	0
P.O. Date	07-08-2023	Due Date	07-12-2023

BILL TO :
DCOC DISTRICT HOSPITAL FARRUKHABAD
DR MANOHAR LOHIA MALE DISTRICT
HOSPITAL FARRUKHABAD State : 09
UTTAR PRADESH-209625
PHONE : 8933040309

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL N031358735718
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

SHIPPED TO
Name :- DISTRICT HOSPITAL
DIALYSIS UNIT , DR MANOHAR LOHIA MALE
Address:- DISTRICT HOSPITAL , FARRUKHABAD
UTTAR PRADESH - 8933040309
NUMBER :- 8933040309

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount			
19	30049069	TAB BIOCETAMOL 500MG		50		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	57.00	0.00	0.00	53491.80		
20	996812	Add FREIGHT CHARGES							0.00	3045.00	0.00	18.00	548.10	0.00	0.00	475.00		
													TOTAL					
																0.00	0.00	3045.00

Stock/No. of Boxes Received 14 Boxes
Subject to Physical Check
Name/Employee Code Omnius/DC2692
Centre Name Farrukhabad
Date/Time 10/8/23 / 10: Am
Signature [Signature] M. No. [Number]

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	750.00	0.00	0.00	37.50	0.00	37.50
IGST 12.00%	53216.80	0.00	0.00	6386.02	0.00	6386.02
IGST 18.00%	3045.00	0.00	0.00	548.10	0.00	548.10
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	57011.80	0.00	0.00	6971.62	0.00	6971.62

TOTAL	57011.80
DIS AMT.	0.00
IGST PAYBLE	6971.62
PAYBLE	0.00
Round off	-0.42
CR/DR NOTE	0.00
	-0.00

Rs. Sixty Three Thousand Nine Hundred Eighty Three 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.
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FOR ANIL PHARMA

Authorized Signatory

Grand Total
63983.00



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

Invoice No	A000653	Bill No.	
Invoice Date	09-08-2023	L.R. Date	
P.O. No.	23493	Cases	09-08-2023
P.O. Date	08-08-2023	Due Date	0
Transport :- DELHIVERY PRIVATE LIMITED		07-12-2023	

BILL TO :
DCDC DISTRICT HOSPITAL FARRUKHABAD
DR MANOHAR LOHIA MALE DISTRICT
HOSPITAL FARRUKHABAD State : UP
UTTAR PRADESH-209625
PHONE : 8933040309

E-WAY BILL N011358735824
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DR MANOHAR LOHIA MALE
DISTRICT HOSPITAL, FARRUKHABAD
UTTAR PRADESH - 8933040309
NUMBER :- 8933040309

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	30049099	INJ HOSTRANIL 25000 IU		400		HIHE23010A		5/25	0.00	130.00	0.00	12.00	6240.00	0.00	0.00	52000.00

Stock/No. of Boxes Received 14 Boxes
Subject to Physical Check
Name/Employee Code Omjua Dg 2022
Centre Name Farrukhabad
Date/Time 19/8/23 10:AM
Signature M. No.....

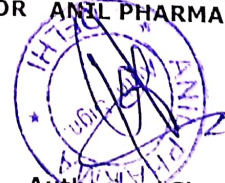
CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	400	52000.00
IGST 12.00%	52000.00	0.00	0.00	6240.00	6240.00			DIS AMT. 0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			IGST PAYBLE 6240.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
TOTAL	52000.00	0.00	0.00	6240.00	6240.00			Round off 0.00
								CR/DR NOTE 0.00
								0.00

Rs: Fifty Eight Thousand Two Hundred Forty Only

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

Terms & Conditions
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FOR ANIL PHARMA



Authorized Signatory

Grand Total
58240.00