



ANIL PHARMA

CSS, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300326
 D.L.No. : 205-137393, 218-137394
 GSTIN : 07AAPRG6291A1ZR
 E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001102	Bill No.	18-10-2023
Invoice Date	18-10-2023	L.R. Date	18-10-2023
P.O. No.	23878	Cases	0
P.O. Date	10-10-2023	Due Date	15-02-2024

Original for Buyer
 BILL TO :
 DIALYSIS UNIT, DISTRICT HOSPITAL, KARIMNAGAR
 DIALYSIS UNIT, DISTRICT HEAD QUARTERS HOSPITAL
 BENDRE NCHH HOSPITAL, DIST KARIMNAGAR 504
 TELANGANA-505001
 PHONE : 8999550032
 SHIPPED TO :
 DISTRICT HOSPITAL
 DIALYSIS UNIT, DISTRICT HOSPITAL
 RESIDE MCH HOSPITAL, KARIM NAGAR
 TELANGANA - 505001
 NUMBER :- 77320009733

SN	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3824	EXAM GLOVES (M)		5					0.00	230.00	0.00	12.00	138.00	0.00	5.00
2	998212	ADD FREIGHT CHARGES							0.00	550.00	0.00	18.00	99.00	0.00	1150.00
TOTAL										0.00	0.00	138.00	99.00	0.00	237.00
IGST 5.00%										0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%										1150.00	0.00	0.00	138.00	0.00	237.00
IGST 18.00%										550.00	0.00	0.00	99.00	0.00	0.00
IGST 28.00%										0.00	0.00	0.00	0.00	0.00	0.00
TOTAL										1707.00	0.00	0.00	237.00	0.00	237.00

For One Thousand Nine Hundred Thirty Seven Only
OUR BANK DETAILS AS :-
 Bank Name : UTIYAK SKILL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120940000335
 IFSC Code : UTIN0002207

FOR ANIL PHARMA
 Authorised Signatory
 KAPIL NAGAR
 18/10/2023

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.

OUR COMPANY BANKING EIGHT 0011887773

Approved Signatory
 KAPIL NAGAR
 18/10/2023
 1 Carimnagar
 DISTRICT HOSPITAL KARIM NAGAR