



# 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

Extra Copy

**BILL TO :**  
DGDC DISTRICT HOSPITAL KARIMNAGAR  
DIALYSIS UNIT, DISTRICT HEAD QUARTERS HOSPITAL  
BESIDE MCH HOSPITAL, DIST. KARIMNAGAR State :  
TELANGANA-505001  
PHONE : 8588850032

Invoice No	A001457	Bill No.	
Invoice Date	13-12-2023	L.R. Date	13-12-2023
P.O. No.	24558	Cases	2
P.O. Date	08-12-2023	Due Date	11-04-2024

Transport :- DELHIVERY PRIVATE LIMITED  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 36-TELANGANA

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
DIALYSIS UNIT, DISTRICT HOSPITAL  
Address:- BESIDE MCH HOSPITAL, KARIM NAGAR  
TELANGANA - 505001  
NUMBER :- 7732000738

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	4015	EXAM GLOVES (M)		60					0.00	230.00	0.00	12.00	1656.00	0.00	0.00	13800.00
2	996612	Add FREIGHT CHARGES							0.00	1485.00	0.00	18.00	267.30	0.00	0.00	1485.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	15285.00
IGST 12.00%	13800.00	0.00	0.00	0.00	0.00	
IGST 18.00%	1485.00	0.00	0.00	1656.00	1656.00	
IGST 28 %	0.00	0.00	0.00	267.30	267.30	
<b>TOTAL</b>	15285.00	0.00	0.00	1923.30	1923.30	

Rs. Seventeen Thousand Two Hundred Eight 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.

### FOR ANIL PHARMA

Authorized Signatory

*[Handwritten Signature]*  
No. of Boxes Received .....  
Date/Time .....  
Signature .....  
M. No. ....

Grand Total

17208.00