Original for Buyer

# GST INVOICE


## 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


| | | | |
|---|---|---|---|
| Invoice No | A001359 | Bill No. | |
| Invoice Date | 25-11-2023 | L.R. Date | 25-11-2023 |
| P.O. No. | 24144 | Cases | 1 |
| P.O, Date | 06-11-2023 | Due Date | 24-03-2024 |

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

**BILL TO :**
DCDC DISTRICT HOSPITAL SANT KABIR NAGAR
DISTRICT HOSPITAL MEHDAWAL ROAD,
KALILABAD, UTTAR PRADESH-272175 State : 09

PHONE. : 8447444344

**SHIPPED TO**
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
MEHDAWAL ROAD, KHALILABAD
SANT KABIR NAGAR, UTTAR PRADESH-272175
NUMBER :- 9554310933

| S.N | HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 30059040 | FITSULA OFF KIT | | 500 | | 0.00 | | | 0.00 | 8.00 | 0.00 | 12.00 | 480.00 | 0.00 | 4000.00 |
| 2 | 996812 | Add FREIGHT CHARGES | | | | | | | 0.00 | 960.00 | 0.00 | 18.00 | 172.80 | 0.00 | 960.00 |

Stock/No. of Boxes Received ...1 Pkt.....
Subject to Physical Check
Name/Employee Code ...DC02137.....
Centre Name Sant Kabir Nagar.....
Date/Time 29/11/23, 4:28 Pm.....
Signature .....M. No.9554310933

| CLASS | TOTAL | SCHEME | DISCOUNT | IGST | TOTAL IGST | |
|---|---|---|---|---|---|---|
| IGST 5.00% | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| IGST 12.00% | 4000.00 | 0.00 | 0.00 | 480.00 | 0.00 | 480.00 |
| IGST 18.00% | 960.00 | 0.00 | 0.00 | 172.80 | 0.00 | 172.80 |
| IGST 28 % | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | 4960.00 | 0.00 | 0.00 | 652.80 | 0.00 | 652.80 |

Total Items :- 2
Total Qty :- 500

| | |
|---|---|
| TOTAL | 4960.00 |
| DIS AMT. | 0.00 |
| IGST PAYBLE | 652.80 |
| PAYBLE | 0.00 |
| Round off | 0.20 |
| CR/DR NOTE | 0.00 |
| | 0.00 |

Rs. Five Thousand Six Hundred Thirteen 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 Jurisdication only.

**FOR ANIL PHARMA**

**Authorised Signatory**

Grand Total

5613.00