



NIL PHARMA

58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
No. : 20B-137393 \ 21B-137394
TIN : 07AAPP6291A1ZR
Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001740	Bill No.	
Invoice Date	19-01-2024	L.R. Date	19-01-2024
P.O. No.	24693	Cases	1
P.O. Date	05-01-2024	Due Date	18-05-2024

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

Duplicate for Transporter

BILL TO :
DCDC DISTRICT HOSPITAL KASGANJ
DIALYSIS CENTER, DDISTRICT HOSPITAL
VILLAGE MOMMONM DIST. KASGANJ State : 09
UTTAR PRADESH-207123
PHONE. : 9584802753

SHIPPED TO

Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
VILLAGE MAMMON, NEAR DISTRICT COURT
KASGANJ, UTTAR PRADESH - 207123
NUMBER :- 9584802753

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
30059040	FITSULA OFF KIT		500		0.00			0.00	7.85	0.00	12.00	471.00	0.00	3925.00
30059040	FITSULA ON-KIT		500		0.00			0.00	7.85	0.00	12.00	471.00	0.00	3925.00
996812	Add FREIGHT CHARGES							0.00	1380.00	0.00	18.00	248.40	0.00	1380.00

No. of Boxes Received 1
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time 24/12/24
Signature
M. No. 9584802753

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
GST 12.00%	7850.00	0.00	0.00	942.00	942.00	0.00
GST 18.00%	1380.00	0.00	0.00	248.40	248.40	0.00
GST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	9230.00	0.00	0.00	1190.40	1190.40	0.00

Ten Thousand Four Hundred Twenty Only

BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
C Code : UJVN0002207

Terms & Conditions

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

FOR ANIL PHARMA

Authorised Signatory

TOTAL	9230.00
DIS AMT.	0.00
IGST PAYBLE	1190.40
PAYBLE	0.00
Round off	-0.40
CR/DR NOTE	0.00
TOTAL	0.00

Grand Total

10420.00