



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

Invoice No	A001284	Bill No.	
Invoice Date	16-11-2023	L R Date	16-11-2023
P.O. No.	24127	Cases	8
P.O. Date	06-11-2023	Due Date	15-03-2024

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

Extra Copy

BILL TO :
DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL, LAKHIMPUR KHIRI,
NEAR T W WARD HOSPITAL ROAD, POLICE State
LINE LAKHIMPUR, UTTAR PRADESH-262701
PHONE 6393323652

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR TB WARD HOSPITAL RD, POLICE LINES
LAKHIMPUR, UTTAR PRADESH - 262701
NUMBER :- 6393323652

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
30059040		FITSULA ON-KIT		100		000			0.00	8.00	0.00	12.00	96.00	0.00	800.00
9018		GREEN LIFE 10ML SYR	1*50	4		116222	2/22	1/27	0.00	175.00	0.00	12.00	84.00	0.00	700.00
3004		INJ BIOCETAMOL (PYREMOL) 2ML 1		50		BSG011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	255.00
3004		INJ BUDICORT/BUDECCEL RESPULES		60		RS3079		3/25	0.00	16.30	0.00	12.00	117.36	0.00	978.00
3004		INJ BUSCOGAST 1*50		50		MN23177C		7/25	0.00	9.90	0.00	12.00	59.40	0.00	495.00
30049039		INJ CALCIUM GLOCONATE 10ML 1*5	1*50	1		CG 383		5/25	0.00	290.00	0.00	12.00	34.80	0.00	290.00
30049099		INJ ETOPHYLINE & THEOPHYLINE 1	1*50	1		RE 90		3/25	0.00	230.00	0.00	12.00	27.60	0.00	230.00
3004		INJ FRUSAMIDE 1*50 (R) / LASI	1*50	1		FM 123		3/25	0.00	165.00	0.00	12.00	19.80	0.00	165.00
3004		INJ HYDROCOTISONE 100MG (EFFCO		50		MN23205A		8/25	0.00	23.50	0.00	5.00	58.75	0.00	1175.00
30043913		INJ MEPDEX (DEXA)		50		MN 3116B		4/25	0.00	7.00	0.00	12.00	42.00	0.00	350.00
30049069		INJ ONDION (EMSET)		50		MN 3214A		8/25	0.00	4.80	0.00	12.00	28.80	0.00	240.00
3004		INJ PANTAPROZOLE 40MG		25		MN 3214B		8/25	0.00	14.30	0.00	12.00	42.90	0.00	357.50
3004		INJ RENOPHYLINE 10ML 1*50(R0	1*50	1		RP 116		9/24	0.00	285.00	0.00	12.00	34.20	0.00	285.00
30049039		INJ REVIL		50		WV 1		12/24	0.00	3.30	0.00	12.00	19.80	0.00	165.00
3808		KLACII LIQUID HAND SANITIZER 5		6		HS 541			0.00	580.00	0.00	18.00	626.40	0.00	3480.00
3005		MICROPORE 2"		60		23C0HR		6/26	0.00	46.60	0.00	12.00	335.52	0.00	2796.00
30049047		POVINANZ M/B POWDER		50		NJ 30K00		7/26	0.00	15.00	0.00	12.00	90.00	0.00	750.00
9018		SHARP CONTAINER PLASTIC 3LTR		5		G00			0.00	150.00	0.00	12.00	90.00	0.00	750.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1175.00	0.00	0.00	58.75	0.00	58.75
IGST 12.00%	9606.50	0.00	0.00	1152.78	0.00	1152.78
IGST 18.00%	3480.00	0.00	0.00	626.40	0.00	626.40
IGST 28.00%	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	14261.50	0.00	0.00	1837.93	0.00	1837.93

Rs. Twenty One Thousand Five Only

<p>MSG:</p> <p>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.</p>	<p>FOR ANIL PHARMA</p> <p>Authorized Signatory</p> <p>Stock/No. of Boxes Received ... 8 boxes Subject to Physical Check Name/Employee Code ... D.M. / D.O. 2020 Centre Name ... D.H. / LAKHIMPUR Date/Time ... 20/11/2023 ... 1:30 PM Signature ... M. No. 9670948337</p>
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ANIL PHARMA

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

GST INVOICE

Invoice No	A001284	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24127	Cases	8
P.O. Date	06-11-2023	Due Date	15-03-2024

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

BILL TO :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL , LAKHIMPUR KHIRI
NEAR T W WARD HOSPITAL ROAD POLICE State
LINE , LAKHIMPUR , UTTAR PRADESH-252701
PHONE : 6393323652

SHIPPED TO

Name :- DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
Address:- NEAR TB WARD HOSPITAL RD, POLICE LINES
LAKHIMPUR , UTTAR PRADESH - 252701
NUMBER :- 6393323652

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
19	90189012	STETHSCOPE ASC		1		000			0.00	185.00	0.00	12.00	22.20	0.00	0.00	185.00
20	9018	SURGICAL BLADE 11NO	1*100	1		000			0.00	230.00	0.00	12.00	27.60	0.00	0.00	230.00
21	4015	SURGICARE GLOVES 7NO		100		000			0.00	16.00	0.00	12.00	192.00	0.00	0.00	1600.00
22	996812	Add FREIGHT CHARGES							0.00	2245.00	0.00	18.00	404.10	0.00	0.00	2245.00
													TOTAL			14261.50

Stock/No. of Boxes Received 2 BOX
Subject to Physical Check
Name/Employee Code P.A.M.L. D.K.2020
Centre Name D.H. L.M.P.
Date/Time 20/11/23 5:30 PM
Signature [Signature] M. No. 9670948337

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1175.00	0.00	0.00	53.75	0.00	53.75
IGST 12.00%	11621.50	0.00	0.00	1394.58	0.00	1394.58
IGST 18.00%	5725.00	0.00	0.00	1030.50	0.00	1030.50
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	18521.50	0.00	0.00	2483.83	0.00	2483.83

Total Items :- 22
Total Qty :- 716

TOTAL	Amount
DIS AMT	0.00
IGST PAYBLE	2483.83
PAYBLE	0.00
Round off	-0.33
CR/DR NOTE	0.00
	0.00

Rs. Twenty One Thousand Five Only

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

FOR ANIL PHARMA

Authorised Signatory

Grand Total

21005.00

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 2% interest.
All disputes subject to Jurisdiction only.



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

Invoice No	A001285	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24189	Cases	0
P.O. Date	06-11-2023	Due Date	15-03-2024

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

Extra Copy

BILL TO :

DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL LAKHIMPUR KHIRI
NEAR T W WARD HOSPITAL ROAD , POLICE STATE
LINE , LAKHIMPUR UTTAR PRADESH 262701
PHONE : 6393323652

SHIPPED TO

Name :- DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
Address:- NEAR TB WARD HOSPITAL, POLICE LINE
LAKHIMPUR, UTTAR PRADESH - 262701
NUMBER :- 6393323652

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (S)		60		000			0.00	230.00	0.00	12.00	1656.00	0.00	13800.00

Stock/No. of Boxes Received .. 60
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items	Total Qty
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	
IGST 12.00%	13800.00	0.00	0.00	1656.00	1656.00	60	
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		
IGST 28.00%	0.00	0.00	0.00	0.00	0.00		
TOTAL	13800.00	0.00	0.00	1656.00	1656.00		

TOTAL	13800.00
DIS AMT.	0.00
IGST PAYBLE	1656.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Fifteen Thousand Four Hundred Fifty Six 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

Grand Total

15456.00



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

SALES RETURN

Invoice No	CN00159	Bill No.	
Invoice Date	21-11-2023	L.R. Date	21-11-2023
P.O. No.	24127	Cases	0
P.O. Date		Due Date	20-03-2024
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO :-			
VEHICLE NO. 53-47			
STATION :- 09-UTTAR PRADESH			

Original for Buyer
BILL TO :
DCDC DISTRICT HOSPITAL LAKHIMPUR KHIRI
DISTRICT HOSPITAL, LAKHIMPUR KHIRI,
NEAR T.W.WARD HOSPITAL ROAD, POLICE STATE :
LINE, LAKHIMPUR, UTTAR PRADESH-262701
PHONE : 6393323652

SHIPPED TO
Name :-
Address:-
NUMBER :-

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018902	INJ CALCIUM GLUCONATE		8					0.00	5.80	0.00	12.00	5.57	0.00	0.00
2	9018902	INJ RENOPHYLLINE		5					0.00	5.70	0.00	12.00	3.42	0.00	0.00
3	3004	INJ LASIX		6					0.00	3.30	0.00	12.00	2.38	0.00	0.00
TOTAL															
94.70															

Rs. One Hundred Six Only

FOR ANIL PHARMA

OUR BANK DETAILS AS :-
Bank Name : UJIVAN 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.

Authorised Signatory

Grand Total

106.00