

Original for Buyer

GST INVOICE

BILL TO :

DCDC CIVIL HOSPITAL RAEBAREILY
CIVIL HOSPITAL RAEBAREILY
State : 09

PHONE : 8506006174

SHIPPED TO

DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
RANABENI MADHAV SINGH JILA CHIKITSALYA
RAEBARELI, UTTAR PRADESH - 229001
NUMBER :- 8506006174

Invoice No	A001351	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24154	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

Transport :-

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-Uttar Pradesh



ANIL PHARMA

C-58, RAJAN BABU ROAD,

ADARSH NAGAR, DELHI - 110033

Phone : 011-41557131, 9212300328

D.L.No. : 20B-137393 \ 21B-137394

GSTIN : 07AAAPPG6291A1ZR

E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount																																																																																																																
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OUR BANK DETAILS :-

Bank Name : UJIVAN SMALL FINANCE BANK

Branch Name : ADARSH NAGAR

Account No. : 2207120040000335

IFSC Code : UJVN0002207

Terms & ConditionsGoods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% interest.
All disputes subject to Jurisdiction only.