



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

GST INVOICE

Duplicate for Transporter

Invoice No	A000990	Bill No.	
Invoice Date	19-09-2023	L.R. Date	19-09-2023
P.O. No.	23654	Cases	
P.O. Date	19-09-2023	Due Date	17-01-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :-	36-TELANGANA		

BILL TO :
 DDCG COMMON HEALTH CENTER ASHWARAOPET
 DIALYSIS CENTER GOVT HOSPITAL AHWAARAOPET
 DIST KOTHAGUDEM, TELANGANA - 507301 State
 PHONE : 8528250032

SHIPPED TO
 Name :- DIALYSIS CENTER
 Address:- COMMON HEALTH CENTER GOVT. HOSPITAL
 DIST BHADRADARI KOTHAGUDEM
 ASHWARAOPET, TELANGANA - 507301
 NUMBER :- 9121447080

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30049099	INJ HOSTRANIL 25000 IU		40		HHHE23010A		5/25	0.00	130.00	0.00	12.00	624.00	0.00	5200.00
2	996812	ADD FREIGHT CHARGES							0.00	650.00	0.00	18.00	117.00	0.00	650.00
TOTAL													5850.00		5850.00

TOTAL	DIS AMT.	0.00
	IGST PAYBLE	741.00
	PAYBLE	0.00
	Round off	0.00
	CRDR NOTE	0.00

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.



Signature

FOR ANIL PHARMA
 Authorised Signatory

Grand Total
 6591.00