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	A000626	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23356	Cases	0
P.O, Date	08-08-2023	Due Date	07-12-2023

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 02-HIMACHAL PRADES

BILL TO :
DCDC REGIONAL HOSPITAL BILASPUR
REGIONAL HOSPITAL
EXICE COLONY , BILASPUR State : 02

PHONE. : 7018470530

SHIPPED TO
Name :- REGIONAL HOSPITAL
Address:- DIALYSIS UNIT, REGIONAL HOSPITAL
EXICISE COLONY , BILASPUR
HIMACHAL PRADESH - 174001
NUMBER :- 7018470530

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		100		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1560.00	0.00	13000.00

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%	13000.00	0.00	0.00	1560.00	0.00	1560.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	13000.00	0.00	0.00	1560.00	0.00	1560.00

Total Items :- 1
Total Qty :- 100

TOTAL	**13000.00**
DIS AMT.	0.00
IGST PAYBLE	1560.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Fourteen Thousand Five Hundred Sixty Only

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

Stock/No. of Boxes Received ..... 01 Box
Subject to Physical Check
Name/Employee Code ..... Sachin DC00300
Centre Name ..... R.H. Bilaspur
Date/Time 18/8/23 4:30pm
Signature ..... M. No. 7018470530

Terms & Conditions
Goods once sold will not be taken back or exchanged
Bills not paid due date will attract 24% interest

FOR ANIL PHARMA

Authorised Signatory

Grand Total

14560.00