



# 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	A001294	Bill No.	
Invoice Date	17-11-2023	L.R. Date	17-11-2023
P.O. No.	24284	Cases	3
P.O. Date	06-11-2023	Due Date	16-03-2024

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

Extra Copy

**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  
EXCISE COLONY , BILASPUR  
HIMACHLA PRADESH - 174001  
NUMBER :- 7018470530

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
L1	30059040	FITSULA OFF KIT		200		000			0.00	8.00	0.00	12.00	192.00	0.00	0.00	1600.00
L2	30059040	FITSULA ON-KIT		200		000			0.00	8.00	0.00	12.00	192.00	0.00	0.00	1600.00
L3	9018	GREEN LIFE 10ML SYR	1*50	4		110222	2/22	1/27	0.00	175.00	0.00	12.00	84.00	0.00	0.00	700.00
L4	3004	INJ CARNIXOL		50		MN2319A		7/25	0.00	19.65	0.00	12.00	117.90	0.00	0.00	982.50
L5	30049099	INJ MIDAZOLAM 10ML (MIDFIX)		20		AL2033		10/24	0.00	45.50	0.00	12.00	109.20	0.00	0.00	910.00
L6	3004	INJ PANTAPROZOLE 40MG		50		MN23204B		8/25	0.00	14.30	0.00	12.00	85.80	0.00	0.00	715.00
L7	30049099	INJ POTASSIUM CHLORIDE 10ML 1*	1*50	1		PC-205		5/25	0.00	300.00	0.00	12.00	36.00	0.00	0.00	300.00
L8	3004	INJ RENIOPHYLINE 10ML 1*50(R0	1*50	1		RP-115		9/24	0.00	285.00	0.00	12.00	34.20	0.00	0.00	285.00
L9	30049099	INJ TRANEXA 5ML (TEXACOT)		25		MN2319A		7/25	0.00	33.50	0.00	5.00	41.88	0.00	0.00	837.50
L10	9016	IV SET ECO		200		HER20007		4/26	0.00	6.50	0.00	12.00	155.00	0.00	0.00	1300.00
L11	30049087	POVINANZ 5% 2LTR ( BETADINE		2		N013042		6/25	0.00	390.00	0.00	12.00	93.60	0.00	0.00	780.00
L12	3004	XYLOCAINE JELLY		1		E3000		3/25	0.00	21.50	0.00	12.00	2.58	0.00	0.00	21.50
L13	999812	Add FREIGHT CHARGES							0.00	1890.00	0.00	18.00	340.20	0.00	0.00	1890.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	11921.50
IGST 5.00%	837.50	0.00	0.00	41.88	0.00	41.88	
IGST 12.00%	9194.00	0.00	0.00	1103.28	0.00	1103.28	
IGST 18.00%	1890.00	0.00	0.00	340.20	0.00	340.20	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00	
<b>TOTAL</b>	<b>11921.50</b>	<b>0.00</b>	<b>0.00</b>	<b>1485.36</b>	<b>0.00</b>	<b>1485.36</b>	

Rs Thirteen Thousand Four Hundred Seven 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 .... 23 BOX  
Subject to Physical Check  
Name/Employee Code .... Sachin D. 230  
Centre Name .... R.H. Bilaspur  
Date/Time .... 21/11/23 9:28 AM  
Signature ..... M. No. 7018470530

### FOR ANIL PHARMA

Authorised Signatory

Grand Total

13407.00

### 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.



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAPP6291A1ZR  
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## GST INVOICE

Invoice No	A001295	Bill No.	
Invoice Date	17-11-2023	L.R. Date	17-11-2023
P.O. No.	24284	Cases	0
P.O. Date	14-11-2023	Due Date	16-03-2024
Transport :-			
E-WAY BILL NO :-			
VEHICLE NO. 3			
STATION :-	02-HIMACHAL PRADESH		

### Extra Copy

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

PHONE : 7018470530

### SHIPPED TO

Name :- REGIONAL HOSPITAL  
DIALYSIS UNIT, REGIONAL HOSPITAL  
Address:- EXCISE 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	3004	ISOPROPYL ALCOHOL (SPIRIT)		5		1a		9/26	0.00	595.00	0.00	12.00	357.00	0.00	0.00	2975.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL	2975.00	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	DIS AMT.	0.00	
IGST 12.00%	2975.00	0.00	0.00	357.00	0.00	IGST PAYBLE	357.00	
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	PAYBLE	0.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00	Round off	0.00	
<b>TOTAL</b>	<b>2975.00</b>	<b>0.00</b>	<b>0.00</b>	<b>357.00</b>	<b>0.00</b>	<b>357.00</b>	<b>CR/DR NOTE</b>	<b>0.00</b>

Rs. Three Thousand Three Hundred Thirty Two Only

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

**Terms & Conditions**  
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FOR ANIL PHARMA

Authorised Signatory

Grand Total

3332.00