



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAAPP6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

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
HIMACHAL PRADESH - 174001
NUMBER :- 7018470530

Invoice No	A001364	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24284	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9018	GREEN LIFE 5ML SYR		2		091023		9/28	0.00	195.00	0.00	12.00	0.00	0.00	390.00
2	996812	Add FREIGHT CHARGES							0.00	350.00	0.00	18.00	0.00	0.00	350.00
TOTAL													740.00	740.00	

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	2		DIS AMT.
IGST 12.00%	390.00	0.00	0.00	46.80	46.80	2		IGST PAYBLE
IGST 18.00%	350.00	0.00	0.00	63.00	63.00			PAYBLE
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off
TOTAL	740.00	0.00	0.00	109.80	109.80			CR/DR NOTE
Rs. Eight Hundred Fifty Only								

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 22071200400000335
IFSC Code : UJVN0002207

FOR ANIL PHARMA

Stock/No. of Boxes Received 02 Box
Subject to Physical Check
Name/Employee Code Sachin D Co 3300
Centre Name R.A. Bilaspur
Date/Time 30/11/23 3:08 PM
Signature [Signature] M. No. 7018470530

Authorised Signatory

Grand Total 850.00

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.