

Original for Buyer

GST INVOICE

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

PHONE : 7018470530

Invoice No	A001947	Bill No.	
Invoice Date	07-03-2024	L.R. Date	07-03-2024
P.O. No.	25511	Cases	2
P.O. Date	05-03-2024	Due Date	05-07-2024

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

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



AP PHARMA

RAJAN BABU ROAD,
 SH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 Fax : 20B-137393 \ 21B-137394
 E-Mail : 07AAPP6291A1ZR
 : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
059040	FITSULA OFF KIT		100		0.00			0.00	7.85	0.00	12.00	94.20	0.00	785.00	
059040	FITSULA ON-KIT	1*100	100		0.00			0.00	7.85	0.00	12.00	94.20	0.00	785.00	
18	HYPODERMIC STERILE SYRINGE 5ML	1*50	1		51210023		11/27	0.00	195.00	0.00	12.00	23.40	0.00	195.00	
18	HYPODERMIC STERILE SYRINGE 10M		2		66012023		11/28	0.00	175.00	0.00	12.00	42.00	0.00	350.00	
04	INJ BIOCETAMOL (PYREMOLO) 2ML 1		50		J23AM352		9/25	0.00	5.10	0.00	12.00	30.60	0.00	255.00	
04	INJ PANTAPROZOLE 40MG		50		23GJ16D		9/25	0.00	14.30	0.00	12.00	85.80	0.00	715.00	
18	IV SET-ECO		200		HCR23027		12/26	0.00	6.50	0.00	12.00	156.00	0.00	1300.00	
3812	Add FREIGHT CHARGES							0.00	1015.00	0.00	18.00	182.70	0.00	1015.00	
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