

Extra Copy

**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	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. \$ :-  
STATION :- 02-HIMACHAL PRADES



**ANIL PHARMA**

RAJAN BABU ROAD,  
SH NAGAR, DELHI - 110033  
e : 011-41557131, 9212300328  
o. : 20B-137393 \ 21B-137394  
N : 07AAAPPG6291A1ZR  
l : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
3004	ISOPROPYL ALCOHOL (SPIRIT)		5		18		9/26	0.00	595.00	0.00	12.00	357.00	0.00	2975.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
5.00%	0.00	0.00	0.00	0.00	0.00	1	2975.00
12.00%	2975.00	0.00	0.00	357.00	357.00	5	357.00
18.00%	0.00	0.00	0.00	0.00	0.00		0.00
28 %	0.00	0.00	0.00	0.00	0.00		0.00
<b>TOTAL</b>	<b>2975.00</b>	<b>0.00</b>	<b>0.00</b>	<b>357.00</b>	<b>357.00</b>		<b>2975.00</b>

Three Thousand Three Hundred Thirty Two Only

**BANK DETAILS AS :-**  
Name : UJJIVAN SMALL FINANCE BANK  
Name : ADARSH NAGAR  
at No. : 2207120040000335  
Code : UJVN0002207

Stock/No. of Boxes Received ..... 01 .....  
Subject to Physical Check  
Name/Employee Code ..... Sachin D. 02300  
Centre Name ..... R.H. Bilaspur  
Date/Time ..... 2.11.23 9:13 AM  
Signature ..... M. No. 7018470530

**Terms & Conditions**  
Once sold will not be taken back or exchanged.  
If not paid due date will attract 24% interest.  
Returns subject to Jurisdiction only.

FOR ANIL PHARMA

Authorised Signatory

Grand Total

3332.00