

GST INVOICE



ANIL PHARMA

:-58, RAJAN BABU ROAD,
DARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
F.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
-Mail : anilpharma1997@gmail.com

BILL TO :

DCDC FORD HOSPITAL VARANASI
FORD HOSPITAL GHAT ROAD, NAER BHU
TRAUMA CENTER , BALAJI NAGAR COLONY State : 0
VARANASI, UTTAR PRADESH-221005
PHONE. : 7071714200, 7071714200

SHIPPED TO

FORD HOSPITAL
DIALYSIS UNIT, FORD HOSPITAL
SAMNE GHAT ROAD, NEAR BHU TRAUMA
CENTRE, BALAJI NAGAR COLONY VARANASI UP-221005
NUMBER :- 7071714200

Invoice No	A000354	L.R. No.	
Invoice Date	14-06-2023	L.R. Date	14-06-2023
P.O. No.	22893-1	Cases	0
P.O. Date	07-06-2023	Due Date	12-10-2023

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 09-Uttar Pradesh

N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P.	Rate	Dis	IGST	Value	Value	Amount
30039034		LOX SPRAY 10%		10		KPNP736005		1/25	0.00	360.00	0.00	12.00	432.00	0.00	3600.00
3005		MICROPORE 3"		20		2302282		1/26	0.00	75.00	0.00	12.00	180.00	0.00	1500.00
30049087		POVINANZ M/B POWDER		10		PNP-009	2/23	12/25	0.00	15.00	0.00	12.00	18.00	0.00	150.00
9018		RMS LMA 3 (LARYNGEAL MASK)		2		G221110642		10/27	0.00	1250.00	0.00	12.00	300.00	0.00	2500.00
9018		RMS LMA 4		2		G220410885		3/27	0.00	762.00	0.00	12.00	182.88	0.00	1524.00
3901		SHOE COVER		300		0.00			0.00	1.95	0.00	18.00	105.30	0.00	585.00
3004		XYLOCAINE JELLY		2		0.00			0.00	21.50	0.00	12.00	5.16	0.00	43.00
996812		Add FREIGHT CHARGES							0.00	625.00	0.00	18.00	112.50	0.00	625.00
<p>Stock/No. of Boxes Received 3 box..... Subject to Physical Check Name/Employee Code P.01135 Centre Name Ford Hospital Date/Time 14.08.23 12:55 AM Signature M. No. 962119903</p>															

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-
IGST 5.00%	540.00	0.00	0.00	27.00	27.00	26	
IGST 12.00%	20486.00	0.00	0.00	2458.32	2458.32	1190	
IGST 18.00%	1210.00	0.00	0.00	217.80	217.80		
IGST 28 %	0.00	0.00	0.00	0.00	0.00		
TOTAL	22236.00	0.00	0.00	2703.12	2703.12		

Rs. Twenty Four Thousand Nine Hundred Thirty Nine Only

UR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
SC Code : UJVN0002207

Terms & Conditions

Goods once sold will not be taken back or exchanged.
Is not paid due date will attract 24% interest.
disputes subject to Jurisdiction only.

FOR ANIL PHARMA

Authorised Signatory

Grand Total

24939.00

CLASS	TOTAL
DIS AMT.	0.00
IGST PAYABLE	2703.12
PAYABLE	0.00
Round off	-0.12
CR/DR NOTE	0.00
TOTAL	22236.00