Extra Copy

ANIL PHARMA

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

GST INVOICE

Invoice No	A001205	Bill No.	
Invoice Date	14-11-2023	L.R. Date	14-11-2023
P.O. No.	24242	Cases	0
P.O. Date	06-11-2023	Due Date	13-03-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 06-HARYANA

BILL TO :
DCDC CIVIL HOSPITAL REWARI
CIVIL HOSPITAL , KAYSTHWARA MOHALLA
REWARI State : 06
HARYANA
PHONE : 8930388314

SHIPPED TO
Name :- CIVIL HOSPITAL
Address:- DIALYSIS UNIT, CIVIL HOSPITAL
KAYASTHWARA MOHALLA , REWARI
HARYANA - 123401
NUMBER :- 9817435163

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)		60					0.00	230.00	0.00	12.00	1656.00	0.00	0.00	13800.00

Stock/No. of Boxes Received 6
Subject to Physical Check
Name Employee Code
Ch. Rewari
21-11-23
M. No.
Nil
850 Bonus

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	13800.00	0.00	0.00	1656.00	0.00	1656.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	13800.00	0.00	0.00	1656.00	0.00	1656.00

Total Items :- 1
Total Qty :- 60

TOTAL	13800.00
DIS AMT.	0.00
IGST PAYBLE	1656.00
PAYBLE	0.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Rs. Fifteen Thousand Four Hundred Fifty Six Only

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

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 Jurisdication only.

FOR ANIL PHARMA

ANIL PHARMA Auth. Sign. DELHI

Authorised Signatory

Grand Total

15456.00