

Case -> 6

**GST INVOICE**

Original for Buyer

BILL TO :  
DCDC CIVIL HOSPITAL PANIPAT  
CIVIL HOSPITAL PANIPAT  
State : 06

PHONE : 8506000689

SHIPPED TO

Name :- CIVIL HOSPITAL  
DIALYSIS UNIT, CIVIL HOSPITAL  
OLD HOUSING BOARD, SUKHDEV NAGAR  
PANIPAT, HARYANA - 132103  
NUMBER :- 8506000689



**ANIL PHARMA**  
C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 121B-137394  
GSTIN : 07AAPP6291A1ZR  
E-Mail : anilpharma1997@gmail.com

Invoice No	A001133	Bill No.	17
Invoice Date	20-10-2023	L.R. Date	20-10-2023
P.O. No.	23960	Cases	0
P.O. Date	10-10-2023	Due Date	17-02-2024

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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
4015		EXAM GLOVES (M)		40					0.00						
63079090		FACE MASK 3 PLY EARLOOP BLUE		600					0.00	230.00	0.00	12.00	1104.00	0.00	0.00
9018		HYPODERMIC STERILE SYRINGE 5ML	1*100	10		0.00		6/28	0.00	1.50	0.00	5.00	45.00	0.00	9200.00
9018		HYPODERMIC STERILE SYRINGE 10M	1*50	20		35607023		6/28	0.00	195.00	0.00	12.00	234.00	0.00	900.00
3004		INJ BIOCETAMOL (PYREMOL) 2ML 1		100		34707023		6/25	0.00	175.00	0.00	12.00	420.00	0.00	1950.00
3004		INJ CARNIXOL		400		IG011		3/25	0.00	5.10	0.00	12.00	61.20	0.00	3500.00
30049069		INJ ONDION ( EMSET )		50		MN23081G		5/25	0.00	19.65	0.00	12.00	943.20	0.00	7860.00
3004		INJ PANTAPROZOLE 40MG		50		OS-01		8/25	0.00	4.80	0.00	12.00	28.80	0.00	240.00
30049039		INJ REVIL		50		MN23204B		12/24	0.00	14.30	0.00	12.00	85.80	0.00	715.00
9018		IV SET-ECO		500		W011		4/26	0.00	3.30	0.00	12.00	19.80	0.00	165.00
3005		MICROPORE 3"		80		HCR23007		9/26	0.00	6.50	0.00	12.00	390.00	0.00	3250.00
30049097		POVINANZ 5% 2LTR ( BETADINE		100		2310151		6/25	0.00	75.00	0.00	12.00	720.00	0.00	6000.00
3901		SHOE COVER		1		M1130402			0.00	1.95	0.00	18.00	35.10	0.00	780.00
996812		Add FREIGHT CHARGES							0.00	1650.00	0.00	18.00	297.00	0.00	195.00

Stock/No. of Boxes Received 80  
Subject to Physical Check 2  
Name/Employee Code 100  
Centre Name Civil Hospital  
Date/Time 10/31/23  
Signature [Signature]

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	DIS AMT.	IGST PAYBLE	PAYBLE	Round off	CR/DR NOTE
IGST 5.00%	900.00	0.00	0.00	45.00	0.00	14	2002	0.00	4477.50	0.00	0.50	0.00
IGST 12.00%	34170.00	0.00	0.00	4100.40	0.00							
IGST 18.00%	1845.00	0.00	0.00	332.10	0.00							
IGST 28 %	0.00	0.00	0.00	0.00	0.00							
<b>TOTAL</b>	<b>36915.00</b>	<b>0.00</b>	<b>0.00</b>	<b>4477.50</b>	<b>0.00</b>							<b>0.00</b>

Rs. Forty One Thousand Three Hundred Ninety Three Only

**BANK DETAILS AS :-**  
Bank Name : UJJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
SC Code : UJVN002207

FOR ANIL PHARMA

[Signature]  
Authorised Signatory

Grand Total

41393.00

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