

Traction

Original for Buyer

GST INVOICE

BILL TO :
 DCDC DISTRICT HOSPITAL BADAUN
 DISTRICT HOSPITAL, NEAR ROADWAYS STAND
 COURT ROAD, INFRONT OF HATHIPARK, BADAUN STAT
 UTTAR PRADESH - 243601
 PHONE : 7253990299

SHIPPED TO
 DISTRICT HOSPITAL
 DIALYSIS UNIT, DISTRICT HOSPITAL
 NEAR ROADWAYS STAND, COURT ROAD
 BADAUN, UTTAR PRADESH - 243601
 NUMBER :- 7253990299

Invoice No	A001809	Bill No.	08-02-2024
Invoice Date	08-02-2024	L.R. Date	1
P.O. No.	25105	Cases	07-06-2024
P.O. Date	06-02-2024	Due Date	

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 09-UTTAR PRADESH

ANIL PHARMA

C-58, RAJAN BABU ROAD,
 ADARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 D.L.No. : 20B-137393 \ 21B-137394
 GSTIN : 07AAPP6291A1ZR
 E-Mail : anilpharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	3005	G PLAST	1*100	5		22118D0	10/28	11/27	0.00	65.00	0.00	12.00	39.00	0.00	325.00
2	9018	HYPODERMIC STERILE SYRINGE 5ML		5		51210023	11/27	11/26	0.00	195.00	0.00	12.00	117.00	0.00	975.00
3	3005	MICROPORE 2"		30		2312223	11/26		0.00	46.60	0.00	12.00	167.76	0.00	1398.00
4	996812	Add FREIGHT CHARGES							0.00	650.00	0.00	18.00	117.00	0.00	650.00
TOTAL													3348.00	3348.00	

Stock/No. of Boxes Received
 Subject to Original Check
 Name : Mansi kr. DC03027
 Centre Name : Badaun
 Date/TIME : 12.02.24 13:15:14
 Signature : Mansi M. No. : 9260916173

TOTAL	DIS AMT.	0.00
	IGST PAYBLE	440.76
	PAYBLE	0.00
	Round off	0.24
	CR/DR NOTE	0.00
		0.00

TOTAL	3348.00
DIS AMT.	0.00
IGST PAYBLE	440.76
PAYBLE	0.00
Round off	0.24
CR/DR NOTE	0.00
	0.00

FOR ANIL PHARMA

 Authorised Signatory

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 Jurisdiction only.