

Original for Buyer

**GST INVOICE**

**BILL TO :**

DCDC GOVT. AREA HOSPITAL SIRCHILLA  
GOVT. AREA HOSPITAL, NEAR AMBEDKAR CHOWK  
DIST- SIRCHILLA, TELANGANA-505301 State : 36

PHONE : 8588850032

Invoice No	A001801	Bill No.	
Invoice Date	08-02-2024	L.R. Date	08-02-2024
P.O. No.	25052	Cases	2
P.O. Date	07-02-2024	Due Date	07-06-2024

Transport :-  
E-WAY BILL NO :-  
VEHICLE NO. :-  
STATION :- 36-TELANGANA

**SHIPPED TO**

AREA HOSPITAL  
DIALYSIS UNIT, AREA HOSPITAL  
NEAR AMBEDKAR CHOWK, DIST- SIRCHILLA  
TELANGANA - 505301  
NUMBER :- 6304193196



**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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	63079093	FACE MASK 3 PLY EARLOOP BLUE		1000		0.00			0.00	1.50	0.00	5.00	75.00	0.00	1500.00
2	3004	INJ HYDROCORTISONE 100MG (EFFCO		100		23GH10K	7/25		0.00	23.50	0.00	5.00	117.50	0.00	2350.00
3	9018	IV SET-ECO		700		H-CR23025	11/26		0.00	6.50	0.00	12.00	546.00	0.00	4550.00
4	996812	Add FREIGHT CHARGES							0.00	1325.00	0.00	18.00	238.50	0.00	1325.00
<b>TOTAL</b>													<b>9725.00</b>	<b>9725.00</b>	<b>0.00</b>

DIS AMT. 0.00  
IGST PAYABLE 977.00  
PAYABLE 0.00  
Round off 0.00  
CR/DR NOTE 0.00  
**TOTAL 9725.00**

Rs. Ten Thousand Seven Hundred Two Only

**OUR BANK DETAILS AS :-**

Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 22071200400000335  
IFSC Code : UJVN0002207

**FOR ANIL PHARMA**

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employee Code .....  
Signature .....  
Date/Time .....  
M. No. 6304193196

**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.

Grand Total  
10702.00