



ANIL PHARMA

3, RAJAN BABU ROAD,
 RSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 No. : 20B-137393 \ 21B-137394
 PIN : 07AAPP6291A1ZR
 Email : anilpharma1997@gmail.com

GST INVOICE

| | | | |
|--------------|------------|-----------|------------|
| Invoice No | A000338 | L.R. No. | |
| Invoice Date | 14-06-2023 | L.R. Date | 14-06-2023 |
| P.O. No. | 22851-1 | Cases | 0 |
| P.O. Date | 06-06-2023 | Due Date | 12-10-2023 |

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

Duplicate for Transporter

BILL TO :

DCDC DISTRICT HOSPITAL LALITPUR
 DISTRICT HOSPITAL, DIALYSIS UNIT
 MANYAVAR KANSHIRAM JOINT DISTRICT State : 09
 HOSPITAL, CIVIL LINES, LALITPUR,
 PHONE. : 8770441244

SHIPPED TO

DISTRICT HOSPITAL
 DIALYSIS UNIT, MANYAVAR KANSIRAM JOINT
 DISTRICT HOSPITAL, CIVIL LINES
 LALITPUR, UTTAR PRADESH-284403
 NUMBER :- 8770441244

| HSN | Product Name | Pack | Qty | Free | Batch | Mfg | Exp | M.R.P | Rate | Dis | IGST | Value | Value | Amount |
|-------|---------------------|------|------|------|-----------|-------|-------|-------|--------|------|-------|--------|-------|---------|
| 30005 | DYNAPLAST | | 10 | | 0.00 | | | 0.00 | 149.50 | 0.00 | 12.00 | 179.40 | 0.00 | 1495.00 |
| 30015 | EXAM GLOVES (M) | | 5 | | | | | 0.00 | 230.00 | 0.00 | 12.00 | 138.00 | 0.00 | 1150.00 |
| 30018 | HMD KIT KATH 16NO | | 10 | | 23723N | 11/22 | 8/27 | 0.00 | 8.00 | 0.00 | 12.00 | 9.60 | 0.00 | 80.00 |
| 30018 | IW SET-ECO | | 200 | | IVG010123 | | 12/27 | 0.00 | 6.50 | 0.00 | 12.00 | 156.00 | 0.00 | 1300.00 |
| 9901 | SHOE COVER | | 1000 | | 0.00 | | | 0.00 | 1.95 | 0.00 | 18.00 | 351.00 | 0.00 | 1950.00 |
| 99812 | Add FREIGHT CHARGES | | | | | | | 0.00 | 450.00 | 0.00 | 18.00 | 81.00 | 0.00 | 450.00 |

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

| TOTAL | DISCOUNT | IGST | IGST | TOTAL IGST | TOTAL | DISCOUNT | IGST | IGST | TOTAL IGST | TOTAL |
|---------|----------|--------|------|------------|--------------|----------|------|--------|------------|---------|
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6425.00 | 0.00 | 0.00 | 915.00 | 915.00 | 6425.00 |
| 4025.00 | 0.00 | 483.00 | 0.00 | 483.00 | DIS AMT. | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 2400.00 | 0.00 | 432.00 | 0.00 | 432.00 | IGST PAYABLE | 915.00 | 0.00 | 0.00 | 0.00 | 915.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | PAYABLE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 6425.00 | 0.00 | 915.00 | 0.00 | 915.00 | Round off | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | CR/DR NOTE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

FOR ANIL PHARMA

Authorised Signatory

Grand Total

7340.00

BANK DETAILS AS :-

Branch : UJJIVAN Small Finance Bank
 Name : ADARSH NAGAR
 A/c No. : 2207120040000335
 Code : UJVN0002207

& Conditions

Once sold will not be taken back or exchanged.
 paid due date will attract 24% interest.
 Dates subject to Jurisdiction only.