



Duplicate for Transporter



**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

**GST INVOICE**

Invoice No	A001719	Bill No.	
Invoice Date	17-01-2024	L.R. Date	17-01-2024
P.O. No.	24806	Cases	0
P.O. Date	05-01-2024	Due Date	16-05-2024

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

**BILL TO :**  
 CCDC CIVIL HOSPITAL GURUGRAM  
 CIVIL HOSPITAL BASAI SECTOR 10  
 GURUGRAM State - 06

PHONE : 8818024273

**SHIPPED TO**

Name :- CIVIL HOSPITAL  
 Address:- DIALYSIS UNIT, CIVIL HOSPITAL  
 VIKAS NAGAR BASAI , SECTOR - 10  
 GURUGRAM , HARYANA - 122001  
 NUMBER :- 8818024273

Sl No	NSN	Product Name	Pack	Qty	Part	Yrkt	Mfg	Exp	M.R.P.	Rate	Dis	IGST	Value	Value	Amount	
													TOTAL		42205.00	
19	30049087	POVINANZ M/B POWDER		50		N0130500		7/26	0.00	15.00	0.00	12.00	90.00	0.00	0.00	750.00
20	9018	PULSE OXYMETER		2		0.00			0.00	950.00	0.00	12.00	228.00	0.00	0.00	1900.00
21	3901	SHOE COVER		500		0.00			0.00	1.95	0.00	18.00	175.50	0.00	0.00	975.00
22	9018	SUPERLIFE 10ML		16		181023		9/28	0.00	175.00	0.00	12.00	336.00	0.00	0.00	2800.00
23	30049076	TAB ARKAMIN (CLODICT)		20		0.00			0.00	22.80	0.00	12.00	54.72	0.00	0.00	456.00
24	9018	VACCUTAINER EDTA		100		0.00			0.00	6.00	0.00	12.00	72.00	0.00	0.00	600.00
25	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	0.00	550.00
26	996812	Add FREIGHT CHARGES							0.00	2395.00	0.00	18.00	431.10	0.00	0.00	2395.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	1445.00	0.00	0.00	72.25	0.00	26	3557	DIS AMT. 0.00
IGST 12.00%	47816.00	0.00	0.00	5737.92	0.00			IGST PAYBLE 6416.77
IGST 18.00%	3370.00	0.00	0.00	606.60	0.00			PAYBLE 0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off 0.23
<b>TOTAL</b>	<b>52631.00</b>	<b>0.00</b>	<b>0.00</b>	<b>6416.77</b>	<b>0.00</b>			<b>CR/DR NOTE 0.00</b>

Rs. Fifty Nine Thousand Forty Eight Only

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

**FOR ANIL PHARMA**

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

Authorized Signatory

**Grand Total**  
**59048.00**

**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.