



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

Original for Buyer

GST INVOICE

Invoice No	A001117	Bill No.	
Invoice Date	19-10-2023	L.R. Date	19-10-2023
P.O. No.	23917	Cases	0
P.O. Date	10-10-2023	Due Date	16-02-2024

Transport :- DELHIVERY PRIVATE LIMITED

E-WAY BILL N091376954038

VEHICLE NO. :-

STATION :- 09-UJTAR PRADESH

SHIPPED TO

Name :- COMBINED HOSPITAL
DIALYSIS UNIT, COMBINED HOSPITAL
AKBARPUR, AMBEDKAR NAGAR
UTTAR PRADESH - 224122
NUMBER :- 7268821754

DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
COMBINED HOSPITAL
AKBARPUR, AMBEDKAR NAGAR State : 09
UTTAR PRADESH-224122
PHONE.: 7268821754

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	4015	EXAM GLOVES (M)		80		0.00			0.00	230.00	0.00	12.00	2208.00	0.00	18400.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00
3	30059040	FITSULA OFF KIT		1000		0.00			0.00	8.00	0.00	12.00	960.00	0.00	8000.00
4	30059040	FITSULA ON-KIT		1000		0.00			0.00	8.00	0.00	12.00	960.00	0.00	8000.00
5	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	5		35607023	6/28		0.00	195.00	0.00	12.00	117.00	0.00	975.00
6	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	20		34707023	6/28		0.00	175.00	0.00	12.00	420.00	0.00	3500.00
7	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		13G011	6/25		0.00	5.10	0.00	12.00	30.60	0.00	255.00
8	30049081	INJ EPSOLIN 2ML (1*7)		50		MN23081A	3/25		0.00	10.20	0.00	12.00	61.20	0.00	510.00
9	30043913	INJ MEPDEX (DEXA)		50		MN23146B	5/25		0.00	7.00	0.00	12.00	42.00	0.00	350.00
10	30049069	INJ ONDION (EMSET)		50		OS-01	5/25		0.00	4.80	0.00	12.00	28.80	0.00	240.00
11	30049039	INJ REVIL		50		W011	12/24		0.00	3.30	0.00	12.00	19.80	0.00	165.00
12	9018	IV SET-ECO		600		HCR23007	4/26		0.00	6.50	0.00	12.00	468.00	0.00	3900.00
13	3005	MICROPORE 3"		20		2310151	9/26		0.00	75.00	0.00	12.00	180.00	0.00	1500.00
14	90259000	NIPRO GLUCO STRIP		1		UY20KBCYB	6/24		0.00	850.00	0.00	12.00	102.00	0.00	850.00
15	30049087	POVINANZ 5% 2LTR (BETADINE		3		N0130402	6/25		0.00	390.00	0.00	12.00	140.40	0.00	1170.00
16	30049069	TAB BIOCETAMOL 500MG X		10		CPTV1513	10/25		0.00	9.50	0.00	12.00	11.40	0.00	95.00
17	30049039	TAB PEPTILCER40 MG (PANTOSEC)		25		SPA230898	3/25		0.00	34.25	0.00	12.00	102.75	0.00	856.25
18	9018	VACCUAINER EDTA		100		0.00			0.00	6.00	0.00	12.00	72.00	0.00	600.00
TOTAL													50116.25	50116.25	

IGST 5.00%	750.00	0.00	0.00
IGST 12.00%	49366.25	0.00	0.00
IGST 18.00%	0.00	0.00	0.00
IGST 28 %	0.00	0.00	0.00
TOTAL	50116.25	0.00	0.00

TOTAL	50116.25
DIS AMT.	0.00
IGST PAYBLE	5961.45
PAYBLE	0.00
CR/DR NOTE	0.00

Rs. Sixty Thousand Two Hundred Four Only

MSG:

Terms & Conditions

Goods once sold will not be taken back or exchanged.
All disputes subject to Jurisdiction only.
Bills not paid due date will attract 24% interest.

FOR ANIL PHARMA

Authorised Signatory

Stock/No. of Boxes Received 18
Subject to Physical Check
Name/Employee Code DC03100
Centre Name ..Ambedkar Nagar
Date/Time .. 19/10/23 .. 11:30 AM
Signature *[Signature]* M. No. 8031807697

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ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
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D.L.No. : 20B-137393 \ 21B-137394
GSTIN : 07AAPPG6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001117	Bill No.	
Invoice Date	19-10-2023	L.R. Date	19-10-2023
P.O. No.	23917	Cases	0
P.O. Date	10-10-2023	Due Date	16-02-2024

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO:91376954038
VEHICLE NO. :-
STATION :- 09-UTTAR PRADESH

BILL TO :
DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
COMBINED HOSPITAL
AKBARPUR, AMBEDKAR NAGAR State : 09
UTTAR PRADESH-224122
PHONE : 7268821754

SHIPPED TO
Name :- COMBINED HOSPITAL
Address:- DIALYSIS UNIT, COMBINED HOSPITAL
AKBARPUR, AMBEDKAR NAGAR
UTTAR PRADESH - 224122
NUMBER :- 7268821754

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
19	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	50116.25	
20	996812	Add FREIGHT CHARGES							0.00	2975.00	0.00	18.00	535.50	0.00	550.00	
													TOTAL			2975.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL	Amount	
IGST 5.00%	750.00	0.00	0.00	37.50	37.50	20		DIS AMT.	0.00	
IGST 12.00%	49916.25	0.00	0.00	5989.95	5989.95	3714		IGST PAYBLE	6562.95	
IGST 18.00%	2975.00	0.00	0.00	535.50	535.50			PAYBLE	0.00	
IGST 28 %	0.00	0.00	0.00	0.00	0.00			Round off	-0.20	
TOTAL	53641.25	0.00	0.00	6562.95	6562.95			CR/DR NOTE	0.00	
									TOTAL	53641.25

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 22071200400000335
IFSC Code : UJVN0002207

FOR ANIL PHARMA

Stock/No. of Boxes Received 10
Subject to Physical Check
Name/Employee Code DC 03100
Authorized Signature Anil Kumar Nagor
Date/Time 25.10.2023 11:20 AM
Signature M. No. 8931807697

Grand Total
60204.00

Terms & Conditions
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Original for Buyer

SALES RETURN

BILL TO :
 DCDC COMBINED HOSPITAL AMBEDKAR NAGAR
 COMBINED HOSPITAL
 AKBARPUR, AMBEDKAR NAGAR State : 09
 UTTAR PRADESH-224122
 PHONE : 7268821754

SHIPPED TO
 Name :-
 Address :-
 NUMBER :-

Invoice No	CN00149	Bill No.	A001117
Invoice Date	25-10-2023	L.R. Date	25-10-2023
P.O. No.	23917	Cases	0
P.O. Date		Due Date	25-10-2023

Transport :- DELHIVERY PRIVATE LIMITED
 E-WAY BILL NO :-
 VEHICLE NO. 47:22
 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 : 07AAPPG6291A1ZR
 E-Mail : anipharma1997@gmail.com

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30049069	TAB BIOCETAMOL 500MG		5		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	5.70	0.00	47.50

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	DIS AMT.
IGST 12.00%	47.50	0.00	0.00	5.70	5.70	5	IGST PAYBLE
IGST 18.00%	0.00	0.00	0.00	0.00	0.00		PAYBLE
IGST 28 %	0.00	0.00	0.00	0.00	0.00		Round off
TOTAL	47.50	0.00	0.00	5.70	5.70		CR/DR NOTE
							47.50

Rs. Fifty Three Only

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.

FOR ANIL PHARMA

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Date/Time
 Signature
 M. No.
 Grand Total 53.00