



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	A001404	Bill No.	
Invoice Date	25-11-2023	L.R. Date	25-11-2023
P.O. No.	24194	Cases	1
P.O. Date	06-11-2023	Due Date	24-03-2024

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

Original for Buyer

BILL TO :
DCDC YATHARTHA NOIDA
YATHARTHA HOSPITAL NOIDA
PLOT NO - 01 , SECTOR 110 State : 09
MAHARISHI ASHRAM, NOIDA .UP-201304
PHONE : 7697109398

SHIPPED TO

Name :- YATHARTH HOSPITAL
Address:- DIALYSIS UNIT, YATHARTH HOSPITAL
POLT NO-01, SECTOR-110, NOIDA
UTTAR PRADESH - 201304
NUMBER :- 7697109398

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	30059040	FITSULA OFF KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00	4000.00
2	9018	GREEN LIFE 5ML SYR		4		121023		9/28	0.00	195.00	0.00	12.00	93.60	0.00	780.00
3	996812	Add FREIGHT CHARGES							0.00	985.00	0.00	18.00	177.30	0.00	985.00

Stock/No. of Boxes Received 1 box
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No. 7697109398

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	4780.00	0.00	0.00	573.60	0.00	573.60
IGST 18.00%	985.00	0.00	0.00	177.30	0.00	177.30
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	5765.00	0.00	0.00	750.90	0.00	750.90

Total Items :- 3
Total Qty :- 504

TOTAL	5765.00
DIS AMT.	0.00
IGST PAYBLE	750.90
PAYBLE	0.00
Round off	0.10
CR/DR NOTE	0.00
	0.00

Rs. Six Thousand Five Hundred Sixteen Only

OUR BANK DETAILS AS :-

Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN0002207

FOR ANIL PHARMA

Authorized Signatory

Grand Total

6516.00

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.