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

GST INVOICE

Duplicate for Transporter

Invoice No	A000752	Bill No.	
Invoice Date	13-08-2023	L.R. Date	13-08-2023
P.O. No.	23352	Cases	0
P.O, Date	08-08-2023	Due Date	11-12-2023

Transport :-
E-WAY BILL NO 41359711398
VEHICLE NO. :-
STATION :- 07-DELHI

BILL TO :
DCDC HEALTH SERVICES PVT. LTD.
C-185 , FIRST FLOOR , MAYAPURI INDUS.
AREA PHASE -2 , MAYAPURI State : 07
NEW DELHI-110064
PHONE. : 9811561247

SHIPPED TO
Name :- TARAK HOSPITAL
Address:- DIALYSIS UNIT, TARAK HOSPITAL
C-7 JAI BHARAT ENCLAVE, NAJAFGARH ROAD
DWARKA , NEW DELHI - 110059
NUMBER :- 8929037740

N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	SGST	Value	CGST	Value	Amount
	30049099	INJ HOSTRANIL 25000 IU		100		HIHE23010A		5/25	0.00	130.00	0.00	6.00	780.00	6.00	780.00	13000.0

Stock/No. of Boxes Received ....1 Bag....
Subject to Physical Check
Name/Employee Code ....Praveen kr
Centre Name ....Tarak Hospital
Date/Time ....2 Pm 16/8/2023....
Signature .....M. No.....

CLASS	TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST
ST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
ST 12.00%	13000.00	0.00	0.00	780.00	780.00	1560.00
ST 18.00%	0.00	0.00	0.00	0.00	0.00	0.00
T 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TAL	13000.00	0.00	0.00	780.00	780.00	1560.00

Total Items :- 1
Total Qty :- 100

TOTAL	13000.00
DIS AMT.	0.00
SGST PAYBLE	780.00
CGST PAYBLE	780.00
Round off	0.00
CR/DR NOTE	0.00
	0.00

Fourteen Thousand Five Hundred Sixty Only

BANK DETAILS AS :-
Name : UJJIVAN SMALL FINANCE BANK
h Name : ADARSH NAGAR
nt No. : 2207120040000335
Code : UJVN0002207

s & Conditions
once sold will not be taken back or exchanged.
ot paid due date will attract 24% interest.
outes subject to Jurisdication only.

FOR ANIL PHARMA

ANIL PHARMA DELHI Auth. Sign.

Authorised Signatory

Grand Total
14560.00