Original for Buyer

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

Invoice No	A001794	Bill No.	
Invoice Date	08-02-2024	L.R. Date	08-02-2024
P.O. No.	25023	Cases	3
P.O, Date	07-02-2024	Due Date	07-06-2024

Transport :-
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 36-TELANGANA

BILL TO :
DCDC GANDHI HOSPITAL SECUNDRABAD
GANDHI HOSPITAL , BHOIGUDA MUSHEERABAD
DIST. HYDRABAD, TELANGANA - 500020 State : 36

PHONE. : 8588850032

SHIPPED TO
Name :- GANDHI HOSPITAL
Address:- DIALYSIS UNIT, GANDHI HOSPITAL
BHOIGUDA MUSHEERABAD, HYDERABAD
TELANGANA - 500020
NUMBER :- 7793985614

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Value	Amount
1	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		68012023		11/28	0.00	175.00	0.00	12.00	210.00	0.00	0.00	1750.00
2	9018	IV SET-ECO		1000		HCR23025		11/26	0.00	6.50	0.00	12.00	780.00	0.00	0.00	6500.00
3	3005	MICROPORE 3"		100		2312223		11/26	0.00	75.00	0.00	12.00	900.00	0.00	0.00	7500.00
4	9018	VACCUTAINER PLAIN		400		0.00			0.00	5.50	0.00	12.00	264.00	0.00	0.00	2200.00
5	996812	Add FREIGHT CHARGES							0.00	1690.00	0.00	18.00	304.20	0.00	0.00	1690.00

Boxes Received 03
Subject to Physical Check
Name/Employee Code M.Suman/202882
Centre Name ..... Gandhi
Date/Time ..... 13/02/24 ! 12:30 Pm
Signature ..... M. No.....

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

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	17950.00	0.00	0.00	2154.00	0.00	2154.00
IGST 18.00%	1690.00	0.00	0.00	304.20	0.00	304.20
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	19640.00	0.00	0.00	2458.20	0.00	2458.20

Total Items :- 5
Total Qty :- 1510

TOTAL	19640.00
DIS AMT.	0.00
IGST PAYBLE	2458.20
PAYBLE	0.00
Round off	-0.20
CR/DR NOTE	0.00
	0.00

Rs. Twenty Two Thousand Ninety Eight 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 Jurisdication only.

FOR ANIL PHARMA

Authorised Signatory

DCDC KIDNEY CARE ★ GANDHI HOSPITAL ★ DCDC-GH GANDHI HOSPITAL, SEC'BAD

Grand Total

22098.00