



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	A001631	Bill No.	
Invoice Date	09-01-2024	L.R. Date	09-01-2024
P.O. No.	24692	Cases	1
P.O. Date	05-01-2024	Due Date	08-05-2024

Extra Copy
BILL TO :
 DCCO GANDHI HOSPITAL SECUNDRABAD
 GANDHI HOSPITAL - BHOIGUDA MUSHEERABAD
 DIST. HYDRABAD, TELANGANA - 500020 State : 36
 PHONE : 8588850032

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

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	9025	DIGITAL THERMOMETER		10		0.00			0.00	75.00	0.00	18.00	135.00	0.00	0.00
2	63079090	FACE MASK 3 PLY EARLOOP BLUE		1500		0.00			0.00	1.50	0.00	5.00	112.50	0.00	2250.00
3	9018	RMS CANULA 18NO		10		G221111119		10/27	0.00	8.00	0.00	12.00	9.60	0.00	80.00
4	9018	RMS CANULA 20NO		10		G221010619		9/27	0.00	8.00	0.00	12.00	9.60	0.00	80.00
5	9018	RMS CANULA 22NO		10		G221110858		10/27	0.00	8.00	0.00	12.00	9.60	0.00	80.00
6	9018	VACCUTAINER PLAIN		100		0.00			0.00	5.50	0.00	12.00	66.00	0.00	550.00
7	996812	Add FREIGHT CHARGES							0.00	550.00	0.00	18.00	99.00	0.00	550.00
TOTAL													4340.00		



Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code M. Suman, DCCO
 Centre Name Gandhi
 Date/Time 20/11/2024, 11:00 PM
 Signature M. Suman
 M. No.

TOTAL	DIS AMT.	IGST PAYABLE	PAYABLE	Round off	CR/DR NOTE
4340.00	0.00	441.30	0.00	-0.30	0.00

OUR BANK DETAILS AS :-
 Bank Name : UJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Account No. : 2207120040000335
 IFSC Code : UJVM0002207

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.

Grand Total

4781.00

FOR ANIL PHARMA

Authorised Signatory