



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
DL No. : 20B-137393 | 21B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001263	Bill No.	
Invoice Date	16-11-2023	L.R. Date	16-11-2023
P.O. No.	24136	Cases	2
P.O. Date	06-11-2023	Due Date	15-03-2024
Transport :-			
E-WAY BILL NO. :-			
VEHICLE NO. :-			
STATION :-	09-UTTAR PRADESH		

Duplicate for Transporter

BILL TO :
DCCD DISTRICT HOSPITAL SITAPUR
DIALYSIS CENTER, DISTRICT HOSPITAL
NEAR WATER TANKI LALBAGH, NAI BASTI Sams. 0
SITAPUR, UTTAR PRADESH-261001
PHONE : 6386425509

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address :- DIALYSIS UNIT, DISTRICT HOSPITAL
NEAR WATER TANKI LAL BAGH, NAI BASTI
SITAPUR, UTTAR PRADESH - 261001
NUMBER :- 6386425509

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		400		0/00			0.00	8.00	0.00	12.00	384.00	0.00	0.00								
2	30059040	FITSULA ON-KIT		400		0/00			0.00	8.00	0.00	12.00	384.00	0.00	0.00								
3	3004	INI BIOCETAMOL (PYREMOU) 2ML 1		50		190011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	0.00								
4	30043913	INI MEPEX (DEKA)		50		MND31EB		4/25	0.00	7.00	0.00	12.00	42.00	0.00	0.00								
5	3016	IV SET-ECO		300		HCR25007		4/26	0.00	6.50	0.00	12.00	255.00	0.00	0.00								
6	996612	ADD FREIGHT CHARGES:							0.00	1250.00	0.00	18.00	225.00	0.00	0.00								
<p>Stock No. of Boxes Received 2</p> <p>Subject to Physical Check <i>Prof. M. M. Khan / DC02094</i></p> <p>Net/Total Employee Code <i>777 / 6386425509</i></p> <p>Centre Name <i>UTI B.S. Hospital, Sitapur</i></p> <p>Date/Time <i>16/11/2023</i></p> <p>Signature <i>[Signature]</i> M. No. <i>6386425509</i></p>																							
CLASS													TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	6	Total Qty :-	1200	DIS ANT	10205.00
IGST 5.00%													0.00	0.00	0.00	0.00	0.00				0.00		
IGST 12.00%													895.00	0.00	0.00	0.00	0.00				0.00		
IGST 18.00%													1250.00	0.00	0.00	0.00	0.00				0.00		
IGST 28 %													0.00	0.00	0.00	0.00	0.00				0.00		
TOTAL													10205.00	0.00	0.00	0.00	0.00				0.00		
Rs. Eleven Thousand Five Hundred Five Only													1299.60	0.00	0.00	0.00	0.00				0.00		

OUR BANK DETAILS AS :-
Bank Name : UJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
IFSC Code : UJVN00022707

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

Authorised Signatory

Grand Total
11505.00

TOTAL 10205.00
DIS ANT 0.00
IGST PAYABLE 1299.60
PAYBLE 0.00
Round off 0.40
CRDR NOTE 0.00