

Duplicate for Transporter

**GST INVOICE**

Bill To :

DCDC DISTRICT HOSPITAL LALITPUR  
 DISTRICT HOSPITAL, DIALYSIS UNIT  
 MANYAWAR KANSHIRAM JOINT DISTRICT State : 09  
 HOSPITAL, CIVIL LINES, LALITPUR,  
 PHONE : 8770441244

SHIPPED TO

DISTRICT HOSPITAL  
 DIALYSIS UNIT, MANYAVAR KANSIRAM  
 JOINT DISTRICT HOSPITAL, CIVIL LINES  
 LALITPUR, UTTAR PRADESH - 284403  
 NUMBER :- 8770441244

Invoice No	A001261	Bill No.	
Invoice Date	16-11-2023	L.R. Date	
P.O. No.	24134	Cases	1
P.O. Date	06-11-2023	Due Date	

Transport :-

E-WAY BILL NO :-

VEHICLE NO. :-

STATION :- 09-UTTAR PRADESH



**ANIL PHARMA**

8, RAJAN BABU ROAD,  
 ARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
 No. : 20B-137393 \ 21B-137394  
 PIN : 07AAAPPG6291A1ZR  
 Mail : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		50		IG6011		6/25	0.00	5.10	0.00	12.00	30.60	0.00	255.00
3004	INJ BUDICORT/BUDECEL RESPULES		20		RS3079		3/25	0.00	16.30	0.00	12.00	39.12	0.00	326.00
3004	INJ HYDROCOTISONE 100MG (EFFCO		50		MN23205A		8/25	0.00	23.50	0.00	5.00	58.75	0.00	1175.00
30049039	INJ REVIL		50		W011		12/24	0.00	3.30	0.00	12.00	19.80	0.00	165.00
3005	MICROPORE 3"		20		2310151		9/26	0.00	46.60	0.00	12.00	111.84	0.00	932.00
9018	NEEDLE CUTTER 3LTR		2					0.00	2300.00	0.00	12.00	552.00	0.00	4600.00
30049069	TAB BIOCETAMOL 500MG		10		CPTV1513	12/22	10/25	0.00	9.50	0.00	12.00	11.40	0.00	95.00
996812	Add FREIGHT CHARGES							0.00	950.00	0.00	18.00	171.00	0.00	950.00

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

*PH Lalitpur - 4:22 P.M.*  
*21/11/2023*  
*M. No. 8770441244*

LASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	TOTAL
ST 5.00%	1175.00	0.00	0.00	58.75	0.00	8	DIS AMT. 0.00
ST 12.00%	6373.00	0.00	0.00	764.76	0.00	202	IGST PAYBLE 994.51
ST 18.00%	950.00	0.00	0.00	171.00	0.00		PAYBLE 0.00
ST 28 %	0.00	0.00	0.00	0.00	0.00		Round off 0.49
<b>TOTAL</b>	<b>8498.00</b>	<b>0.00</b>	<b>0.00</b>	<b>994.51</b>	<b>0.00</b>		<b>CR/DR NOTE 0.00</b>

Nine Thousand Four Hundred Ninety Three Only

**BANK DETAILS AS :-**  
 Name : UJJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 Code : UJVN0002207

**Terms & Conditions**  
 This invoice will not be taken back or exchanged.  
 Not paid due date will attract 24% interest.  
 Disputes subject to Jurisdiction only.

**FOR ANIL PHARMA**  
  
 Authorised Signatory

Grand Total  
 9493.00