



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

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Original for Buyer

Invoice No	A001975	Bill No.	
Invoice Date	09-03-2024	L.R. Date	09-03-2024
P.O. No.	25330	Cases	6
P.O. Date	05-03-2024	Due Date	07-07-2024
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO :-			
VEHICLE NO :-			
STATION :- 09-UTTAR PRADESH			

BILL TO :
DCDC DISTRICT HOSPITAL, MATHURA
DISTRICT HOSPITAL, CIVIL LINES
CHAUBEY PARA, MATHURA State - 09
PHONE : 8218762122

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, MAHARISHI DAYANAND
DISTRICT HOSPITAL, CHAUBEY PARA
MATHURA, UTTAR PRADESH - 281001
NUMBER :- 9837867021

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
19	30039034	LOX SPRAY 10%		2		KPNP736008		11/25	0.00	260.00	0.00	12.00	62.40	0.00	520.00
20	90192010	OXYGEN MASK ADULT		5		OXMA1122		10/26	0.00	40.00	0.00	12.00	24.00	0.00	200.00
21	9018	PULSE OXYMETER		2		0.00			0.00	950.00	0.00	12.00	228.00	0.00	1900.00
22	3901	SHOE COVER		1000		0.00			0.00	1.95	0.00	18.00	351.00	0.00	1950.00
23	30049078	TAB ARKAMIN (CLODICT)		10		23L.T1604		11/26	0.00	26.00	0.00	12.00	31.20	0.00	260.00
24	30049075	TAB BIOZOCIN(PARAZONAL XL) 5MG		15		SPA232357		9/25	0.00	28.50	0.00	12.00	51.30	0.00	427.50
25	30049039	TAB PEPTILCER40 MG (PANTOSEC)		25		SPA232043		8/25	0.00	34.25	0.00	12.00	102.75	0.00	856.25
26	996812	Add FREIGHT CHARGES							0.00	3045.00	0.00	18.00	548.10	0.00	3045.00
TOTAL													34493.75		34493.75

Rs. Thirty Eight Thousand Six Hundred Eighty Four Only

OUR BANK DETAILS AS :-
Bank Name : UJIVAN 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 Jurisdiction only.

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

[Handwritten Signature]
[Handwritten M. No.]

Authorised Signatory

FOR ANIL PHARMA

Grand Total

38684.00