



ANIL PHARMA

C-58, RAJAN BABU ROAD,
ADARSH NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
D.L.No. : 208-137393 \ 21B-137394
GSTIN : 07AAPP6291A1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Invoice No	A001525	Bill No.	18-12-2023
Invoice Date	18-12-2023	L.R. Date	0
P.O. No.	24497-5	Cases	16-04-2024
P.O. Date	06-12-2023	Due Date	

Original for Buyer

BILL TO :
DCDC CIVIL HOSPITAL GHAZIABAD
DISTRICT COMBINED HOSPITAL
SECTOR 23, GHAZIABAD-201001 State 09
PHONE : 8506002727

SHIPPED TO
DISTRICT HOSPITAL
DIALYSIS UNIT, DISTRICT HOSPITAL
SECTOR - 23, GHAZIABAD
UTTAR PRADESH - 201001
NUMBER :- 8506002727

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

for Anil Pharma Co. 2
8506002727

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		3000		0.00			0.00	8.00	0.00	12.00	2880.00	0.00	24000.00
TOTAL													24000.00	0.00	24000.00

OUR BANK DETAILS AS :-
Bank Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 22071200400000335
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.

FOR ANIL PHARMA

Authorized Signatory

Grand Total
26880.00