



ANIL PHARMA

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

GST INVOICE

Invoice No	A002117	Bill No.	A002117
Invoice Date	29-03-2024	L.R. Date	
P.O. No.	25747	Cases	2
P.O. Date	28-03-2024	Due Date	

Transport :- DELHIVERY PRIVATE LIMITED
E-WAY BILL NO :-
VEHICLE NO. :-
STATION :- 36-TELANGANA

Original for Buyer

BILL TO :
DCDC GOVT. GENERAL HOSPITAL JAGTIAL
DH, , GOVT. GENERAL HOSPITAL,
OPP. JAGTIAL MUNICIPAL OFFICE State : 36
DIST. JAGTIAL, TELANGANA-505327
PHONE. : 8588850032

SHIPPED TO
Name :- GOVERNMENT HOSPITAL
DIALYSIS UNIT, GOVT. GENERAL HOSPITAL
Address:- OPP. JAGTIAL MUNICIPAL OFFICE
JAGTIAL, TELANGANA - 505327
NUMBER :- 9908470353

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
1	4015	EXAM GLOVES (M)		40					0.00	230.00	0.00	12.00	1104.00	0.00	0.00	9200.00
2	996812	Add FREIGHT CHARGES							0.00	1690.00	0.00	18.00	304.20	0.00	0.00	1690.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00
IGST 12.00%	9200.00	0.00	0.00	1104.00	0.00	1104.00
IGST 18.00%	1690.00	0.00	0.00	304.20	0.00	304.20
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	10890.00	0.00	0.00	1408.20	0.00	1408.20

Rs. Twelve Thousand Two Hundred Ninety Eight Only

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

Stock/No. of Boxes Received *P.O.*
Subject to Physical Check
Name/Employee Code *Anil Damara*
Centre Name *Jagtial*
Date/Time *29/03/24*
Signature *[Signature]* M. No. *9908470353*

FOR ANIL PHARMA

Authorized Signatory

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

12298.00