



# 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	A000738	Bill No.	
Invoice Date	13-08-2023	L.R. Date	13-08-2023
P.O. No.	23360	Cases	0
P.O. Date	08-08-2023	Due Date	11-12-2023

**Duplicate for Transporter**

**BILL TO :**  
DCDC CIVIL HOSPITAL REWARI  
CIVIL HOSPITAL, KAYASTHWARA MOHALLA  
REWARI State - 06  
HARYANA  
PHONE : 8930388314

**SHIPPED TO**  
Name :- CIVIL HOSPITAL  
Address:- DIALYSIS UNIT, CIVIL HOSPITAL  
KAYASTHWARA MOHALLA, REWARI  
HARYANA - 123401  
NUMBER :- 9817435163

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount						
1	30049099	INJ HOSTRANIL 25000 IU		200		HHHE23010A		5/25	0.00	130.00	0.00	12.00	3120.00	0.00	0.00	26000.00					
<b>CLASS</b>													<b>TOTAL</b>	<b>SCHEME</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>TOTAL IGST</b>	<b>TOTAL</b>		
IGST 5.00%													0.00	0.00	0.00	0.00	0.00	0.00	0.00	DIS AMT	0.00
IGST 12.00%													26000.00	0.00	0.00	0.00	0.00	0.00	0.00	IGST PAYABLE	3120.00
IGST 18.00%													0.00	0.00	0.00	0.00	0.00	0.00	0.00	PAYABLE	0.00
IGST 28%													0.00	0.00	0.00	0.00	0.00	0.00	0.00	Round off	0.00
<b>TOTAL</b>													26000.00	0.00	0.00	0.00	0.00	0.00	0.00	CR/DR NOTE	0.00

Rs. Twenty Nine Thousand One Hundred Twenty Only

### OUR BANK DETAILS AS :

Bank Name : UJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No : 2207120040000335  
IFSC Code : UIVH0002207

### 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.

Signature of Boxes Received: *[Signature]*  
Signature of Physical Check: *[Signature]*  
Signature of Employee Code: *[Signature]*  
Centre Name: *[Signature]*  
Date/Time: 13/08/2023  
M. No. 810600061



Grand Total

29120.00