

Duplicate for Transporter

GST INVOICE

BILL TO :
 DCDC MAMC HOSPITAL AGROHA
 MAHARAJA AGGRASAIN MEDICAL COLLEGE
 AGROHA HISAR State : 06
 HARYANA-125047
 PHONE : 8506005588

SHIPPED TO
 Name :- MAMC AGROHA
 Address:- DIALYSIS UNIT , MAHARAJA AGRASAIN
 MEDICAL COLLEGE , HISAR, AGROHA
 HARYANA - 125047
 NUMBER :- 8506005588

Invoice No	A000698	Bill No.	
Invoice Date	11-08-2023	L.R. Date	11-08-2023
P.O. No.	23369	Cases	0
P.O. Date	08-08-2023	Due Date	09-12-2023

Transport :-
 E-WAY BILL NO :-
 VEHICLE NO :-
 STATION :- 06-HARYANA



ANIL PHARMA

8, RAJAN BABU ROAD,
 ARSH NAGAR, DELHI - 110033
 Phone : 011-41557131, 9212300328
 No. : 20B-137393 \ 21B-137394
 TIN : 07AAPP6291A1ZR
 Mail : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount	
30049099	INJ HOSTRANIL 25000 IU		100		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1560.00	0.00	13000.00	
<p>Stock/No. of Boxes Received 4 Boxes Subject to Physical Check Name/Employee Code <i>Mamika Dc01949</i> Centre Name <i>MAMC Agroha</i> Date/Time <i>14/8/23 12:53 PM</i> Signature <i>[Signature]</i> M. No. <i>8506005588</i></p>															
LASS	TOTAL	DISCOUNT	IGST	TOTAL IGST						TOTAL					
ST 5.00%	0.00	0.00	0.00	0.00						DIS AMT.	0.00				
ST 12.00%	13000.00	0.00	1560.00	1560.00						IGST PAYBLE	1560.00				
ST 18.00%	0.00	0.00	0.00	0.00						PAYBLE	0.00				
ST 28 %	0.00	0.00	0.00	0.00						Round off	0.00				
TOTAL	13000.00	0.00	1560.00	1560.00						CR/DR NOTE	0.00				

Fourteen Thousand Five Hundred Sixty Only

BANK DETAILS AS :-

Name : UJJIVAN SMALL FINANCE BANK
 Branch Name : ADARSH NAGAR
 Unit No. : 2207120040000335
 Code : UJVN0002207

FOR ANIL PHARMA



Authorised Signatory

Terms & Conditions

is once sold will not be taken back or exchanged.
 not paid due date will attract 24% interest.
 disputes subject to Jurisdiction only.

Grand Total
 14560.00