



# 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

Duplicate for Transporter  
BILL TO :

DCDC YATHARHA NOIDA  
YATHARHA HOSPITAL NOIDA  
PLOT NO - 01, SECTOR 110 State - 09  
MAHARISHI ASHRAM NOIDA, UP-201304  
PHONE : 7697109398

Invoice No	A000783	Bill No.	
Invoice Date	16-08-2023	L.R. Date	16-08-2023
P.O. No.	23368	Cases	0
P.O. Date	08-08-2023	Due Date	16-08-2023

Transport :-  
E-WAY BILL NO: 1359832265  
VEHICLE NO. :-  
STATION :- 09-UTTAR PRADESH

SHIPPED TO  
Name :- YATHARTH HOSPITAL  
Address :- DIALYSIS UNIT, YATHARTH HOSPITAL  
PLOT NO-01, SEC-110, NEAR MAHARISHI  
ASHRAM, NOIDA, UTTAR PRADESH-201304  
NUMBER :- 7697109398

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		80		HIHE23010A		5/25	0.00	130.00	0.00	12.00	1248.00	0.00	10400.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	Total Items :-	Total Qty :-	TOTAL
IGST 5.00%	0.00	0.00	0.00	0.00	0.00	1	80	10400.00
IGST 12.00%	10400.00	0.00	0.00	0.00	0.00			DIS AMT 0.00
IGST 18.00%	0.00	0.00	0.00	1248.00	1248.00			IGST PAYBLE 1248.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			PAYBLE 0.00
<b>TOTAL</b>	<b>10400.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>			Round off 0.00
								CR/DR NOTE 0.00

Rs. Eleven Thousand Six Hundred Forty Eight Only.

**OUR BANK DETAILS AS :-**  
Bank Name : UJJIVAN 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 .....  
Centre Name .....  
Date Time .....  
Signature ..... M. No. ....

FOR ANIL PHARMA



Authorised Signatory

Grand Total  
11648.00