Original for Buyer

GST INVOICE

L PHARMA
RAJAN BABU ROAD,
H NAGAR, DELHI - 110033
: 011-41557131, 9212300328
: 20B-137393 \ 21B-137394
: 07AAPPG6291A1ZR
anilpharma1997@gmail.com

Invoice No	A000861	Bill No.	
Invoice Date	11-09-2023	L.R. Date	11-09-2023
P.O. No.	23748-1	Cases	0
P.O, Date	11-09-2023	Due Date	09-01-2024

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

BILL TO :
DCDC DISTRICT HOSPITAL LALITPUR
DISTRICT HOSPITAL, DIALYSIS UNIT
MANYAWAR KANSHIRAM JOINT DISTRICT State : 09
HOSPITAL, CIVIL LINES, LALITPUR,
PHONE. : 8770441244

SHIPPED TO
Name :- DISTRICT HOSPITAL
Address:- DIALYSIS UNIT, MANYAVAR KANSIRAM JOINT DISTRICT HOSPITAL, CVIL LINES LALITPUR, UTTAR PRADESH - 284403
NUMBER :- 8770441244

SN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
4	INJ PANTAPROZOLE 40MG		25		23GF07M		5/25	0.00	14.30	0.00	12.00	42.90	0.00	357.50

Stock/No. of Boxes Received 1
Subject to Physical Check
Name/Employee Code Vinod Saini DCO 2014
Centre Name DH Lalitpur
Date/Time 7/9/2023 - 10:27 A.M.
Signature M. No. 8770441244

SS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	
5.00%	0.00	0.00	0.00	0.00	0.00	0.00
12.00%	357.50	0.00	0.00	42.90	0.00	42.90
18.00%	0.00	0.00	0.00	0.00	0.00	0.00
28 %	0.00	0.00	0.00	0.00	0.00	0.00
AL	357.50	0.00	0.00	42.90	0.00	42.90

Total Items :- 1
Total Qty :- 25

TOTAL	357.50
DIS AMT.	0.00
IGST PAYBLE	42.90
PAYBLE	0.00
Round off	-0.40
CR/DR NOTE	0.00
	0.00

ur Hundred Only

BANK DETAILS AS :-
ame : UJJIVAN SMALL FINANCE BANK
Name : ADARSH NAGAR
t No. : 2207120040000335
ode : UJVN0002207

& Conditions
once sold will not be taken back or exchanged.
t paid due date will attract 24% interest.
utes subject to Jurisdication only.

FOR ANIL PHARMA

Authorised Signatory

Grand Total

400.00