



# ANIL PHARMA

C-58, RAJAN BABU ROAD,  
ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAPP6G291A1ZR  
E-Mail : anilpharmat1997@gmail.com

## GST INVOICE

Duplicate for Transporter

Invoice No	A001859	Bill No.	
Invoice Date	09-02-2024	L.R. Date	09-02-2024
P.O. No.	25081	Cases	4
P.O. Date	07-02-2024	Due Date	08-06-2024
Transport :- ARYAN GOODS CARRIER			
E-WAY BILL NO :-			
VEHICLE NO. :-			
STATION :- 06-HARYANA			

**BILL TO :**  
DCCD CIVIL HOSPITAL REWARI  
CIVIL HOSPITAL, KAYSTHWARA 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	90183990	BT SET ( NV )		50		HGRBT001		11/25	0.00	19.00	0.00	12.00	114.00	0.00	950.00				
2	30059040	FITSULA OFF KIT		800		0 00			0.00	7.85	0.00	12.00	753.60	0.00	6280.00				
3	30059040	FITSULA ON-KIT		500		0 00			0.00	7.85	0.00	12.00	471.00	0.00	3925.00				
4	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	3		5*210023		11/27	0.00	195.00	0.00	12.00	70.20	0.00	585.00				
5	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	12		68D12023		11/28	0.00	175.00	0.00	12.00	252.00	0.00	2100.00				
6	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1	1*50	100		J23AM352		9/25	0.00	5.10	0.00	12.00	61.20	0.00	510.00				
7	30049039	INJ CALCIUM GLOCONATE 10ML 1*5	1*50	1		CC-384		8/25	0.00	290.00	0.00	12.00	34.80	0.00	290.00				
8	3004	INJ CARNIXOL	1*50	200		MI23298B		10/25	0.00	19.65	0.00	12.00	471.60	0.00	3930.00				
9	30049099	INJ ETOPHYLINE & THEOPHYLINE 1		1		RF-92		10/25	0.00	230.00	0.00	12.00	27.60	0.00	230.00				
10	3004	INJ HYDROCORTISONE 100MG (EFFCO		100		333162		11/25	0.00	23.50	0.00	5.00	117.50	0.00	2350.00				
11	30049069	INJ ONDION ( EMSET )		50		MI23291B		10/25	0.00	4.80	0.00	12.00	28.80	0.00	240.00				
12	3004	INJ PANTAPROZOLE 40MG		100		MI23305B		10/25	0.00	14.30	0.00	12.00	117.60	0.00	1430.00				
13	30049039	INJ REVIL		100		WJ32		8/25	0.00	3.30	0.00	12.00	39.60	0.00	330.00				
14	9018	IV SET-ECO		500		HGR23025		11/26	0.00	6.50	0.00	12.00	390.00	0.00	3250.00				
15	3005	MICROPORE 3"		100		2312223		11/26	0.00	75.00	0.00	12.00	900.00	0.00	7500.00				
16	30049087	POVINANZ 5% 2LTR ( BETADINE		1		NO130739		9/25	0.00	390.00	0.00	12.00	46.80	0.00	390.00				
17	3901	SHOE COVER		1		0 00			0.00	1.95	0.00	18.00	526.50	0.00	2925.00				
18	9018	VACCUTAINER EDTA		200		0 00			0.00	6.00	0.00	12.00	144.00	0.00	1200.00				
<b>CLASS</b>													<b>TOTAL</b>	<b>DISCOUNT</b>	<b>IGST</b>	<b>TOTAL IGST</b>	<b>Value</b>	<b>Value</b>	<b>Amount</b>
IGST 5.00%													2350.00	0.00	117.50	117.50	0.00	0.00	0.00
IGST 12.00%													33140.00	0.00	3976.80	3976.80	0.00	0.00	4620.80
IGST 18.00%													2925.00	0.00	526.50	526.50	0.00	0.00	0.00
IGST 28 %													0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>													<b>38415.00</b>	<b>0.00</b>	<b>4620.80</b>	<b>4620.80</b>	<b>0.00</b>	<b>0.00</b>	<b>38415.00</b>

Rs. Forty Five Thousand Four Hundred Seventy Three Only

MSG: \_\_\_\_\_

Continue Page.. 2

**Terms & Conditions**  
Goods once sold will not be taken back or exchanged.  
All disputes subject to Jurisdiction only.  
Bills not paid due date will attract 24% interest.

Stock/No. of Boxes Received .. 4  
Subject to Physical Check  
Name/Employee Code: N/A 902810  
Centre Name: Anil Pharma  
Date/Time: 09-02-24  
Signature: N/A M.No. 902810

**FOR ANIL PHARMA**  
Authorized Signatory  
DELLI

10/18/24





**ANIL PHARMA**

C-58, RAJAN BABU ROAD,  
 ADARSH NAGAR, DELHI - 110033  
 Phone : 011-41557131, 9212300328  
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STATION :- 06-HARYANA			

**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
9	998812	Add FREIGHT CHARGES							0.00	2065.00	0.00	18.00	371.70	0.00	38415.00 2065.00
		<b>TOTAL</b>													<b>40480.00</b>

Rs. Forty Five Thousand Four Hundred Seventy Three Only

**OUR BANK DETAILS AS :-**

Bank Name : UJIVAN SMALL FINANCE BANK  
 Branch Name : ADARSH NAGAR  
 Account No. : 2207120040000335  
 IFSC Code : UJVN0002207

Stock/No. of Boxes Received ..... 4

FOR ANIL PHARMA

Subject to Physical Check

Name/Employee Code *WDA 202613*

Centre Name *LA REWARI*

Date/Time *09-02-24*

Signature *M. No. 7049198110*



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Grand Total

45473.00

TOTAL	40480.00	DIS AMT.	0.00
IGST PAYABLE	4992.50	PAYBLE	0.00
Round off	0.50		0.50
CR/DR NOTE	0.00		0.00