



# 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

Invoice No	A000717	Bill No.	
Invoice Date	12-08-2023	L.R. Date	12-08-2023
P.O. No.	23422	Cases	0
P.O. Date	07-08-2023	Due Date	10-12-2023
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO:41359313491			
VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

Duplicate for Transporter

**BILL TO :**  
DCDC DISTRICT HOSPITAL CHANDALI  
DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI  
DIATRICK HOSPITAL, CHANDALI State : 09  
UTTAR PRADESH-232104  
PHONE. : 7800556678

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
Address:- DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI  
DISTRICT HOSPITAL , CHANDALI  
UTTAR PRADESH - 232104  
NUMBER :- 7800556678

S.N	HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
1	90189029	BLUE PUNCTURE 10LTR		5					0.00	240.00	0.00	12.00	144.00	0.00	1200.00
2	6210	BUFFANT CAP		300		0.00			0.00	0.90	0.00	5.00	13.50	0.00	270.00
3	3005	DYNAPLAST		5		0.00			0.00	149.50	0.00	12.00	89.70	0.00	747.50
4	4015	EXAM GLOVES (M)		80					0.00	230.00	0.00	12.00	2208.00	0.00	18400.00
5	63079090	FACE MASK 3 PLY EARLOOP BLUE 300		500		0.00			0.00	1.50	0.00	5.00	37.50	0.00	750.00
6	30059040	FITSULA OFF KIT		1000		0.00			0.00	8.00	0.00	12.00	960.00	0.00	8000.00
7	30059040	FITSULA ON-KIT		500		0.00			0.00	8.00	0.00	12.00	480.00	0.00	4000.00
8	9018	HYPODERMIC STERILE SYRINGE 5ML	1*100	3		26706023		5/28	0.00	195.00	0.00	12.00	70.20	0.00	585.00
9	9018	HYPODERMIC STERILE SYRINGE 10M	1*50	10		23705023		4/28	0.00	175.00	0.00	12.00	210.00	0.00	1750.00
10	3004	INJ BIOCETAMOL (PYREMOL) 2ML 1		100		Q22AM065		1/24	0.00	5.10	0.00	12.00	61.20	0.00	510.00
11	30049069	INJ ONDION ( EMSET )		50		Q23AM016		12/24	0.00	4.80	0.00	12.00	28.80	0.00	240.00
12	3004	INJ PANTAPROZOLE 40MG		100		23GF07M		5/25	0.00	14.30	0.00	12.00	171.60	0.00	1430.00
13	30049039	INJ REVIL		100		W010		12/24	0.00	3.30	0.00	12.00	39.60	0.00	330.00
14	9018	IV SET-ECO		500		HCR23007		4/26	0.00	6.50	0.00	12.00	390.00	0.00	3250.00
15	3924	POLY APPRON		200		0.00			0.00	8.00	0.00	18.00	288.00	0.00	1600.00
16	30049087	POVINANZ M/B POWDER		20		N0130079		3/26	0.00	15.00	0.00	12.00	36.00	0.00	300.00
17	3901	SHOE COVER		200		0.00			0.00	1.95	0.00	18.00	70.20	0.00	390.00
18	996812	Add FREIGHT CHARGES							0.00	3120.00	0.00	18.00	561.60	0.00	3120.00

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	TOTAL
IGST 5.00%	1020.00	0.00	0.00	51.00	0.00	51.00
IGST 12.00%	40742.50	0.00	0.00	4889.10	0.00	4889.10
IGST 18.00%	5110.00	0.00	0.00	919.80	0.00	919.80
IGST 28 %	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>46872.50</b>	<b>0.00</b>	<b>0.00</b>	<b>5859.90</b>	<b>0.00</b>	<b>5859.90</b>

Rs. Fifty Two Thousand Seven Hundred Thirty Two Only

**OUR BANK DETAILS AS :-**  
Bank Name : UJJIVAN SMALL FINANCE BANK  
Branch Name : ADARSH NAGAR  
Account No. : 2207120040000335  
IFSC Code : UJVN0002207

Stock/No. of Boxes Received 11  
Subject to Physical Check OK  
Name/Employee Code Rajankant/2371  
Centre Name Chandali  
Date/Time 15/08/2023  
Signature [Signature] M. No. 7800556678

FOR ANIL PHARMA



Authorized Signatory

### 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.

Grand Total

52732.00



# ANIL PHARMA

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ADARSH NAGAR, DELHI - 110033  
Phone : 011-41557131, 9212300328  
D.L.No. : 20B-137393 \ 21B-137394  
GSTIN : 07AAPP6291A1ZR  
E-Mail : anilpharma1997@gmail.com

## GST INVOICE

Invoice No	A000718	Bill No.	
Invoice Date	12-08-2023	L.R. Date	12-08-2023
P.O. No.	23422	Cases	0
P.O. Date	08-08-2023	Due Date	10-12-2023
Transport :- DELHIVERY PRIVATE LIMITED			
E-WAY BILL NO 11359313690			
VEHICLE NO. :-			
STATION :- 09-UTTAR PRADESH			

Duplicate for Transporter

**BILL TO :**  
DCDC DISTRICT HOSPITAL CHANDAULI  
DIALYSIS UNIT, PT. KAMLA PATI TRIPATHI  
DIATRICK HOSPITAL, CHANDAULI State : 09  
UTTAR PRADESH-232104  
PHONE. : 7800556678

**SHIPPED TO**  
Name :- DISTRICT HOSPITAL  
Address:- DIALYSIS UNIT, PT. KAMLA PATI TRIPATH  
DISTRICT HOSPITAL, CHANDAULI  
UTTAR PRADESH - 232104  
NUMBER :- 7800556678

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		HIHE23010A		5/25	0.00	130.00	0.00	12.00	3120.00	0.00	0.00	26000.00

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		26000.00
IGST 12.00%	26000.00	0.00	0.00	3120.00	0.00	200		0.00
IGST 18.00%	0.00	0.00	0.00	0.00	0.00			0.00
IGST 28 %	0.00	0.00	0.00	0.00	0.00			0.00
<b>TOTAL</b>	<b>26000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>3120.00</b>	<b>0.00</b>			<b>3120.00</b>

Rs. Twenty Nine Thousand One Hundred Twenty 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 11  
Subject to Physical Check OK  
Name/Employee Code Kapalant 12371  
Centre Name Chandauli  
Date/Time 16/08/23  
Signature [Signature] M. No. 7800556678

**FOR ANIL PHARMA**  
  
Authorised Signatory

**Grand Total**  
29120.00