



NIL PHARMA

58, RAJAN BABU ROAD,
 VARANASI, UTTAR PRADESH - 221005
 Phone : 011-41557131, 9212300328
 Fax : 0522-221005
 E-MAIL : anilpharma1997@gmail.com

Duplicate for Transporter

GST INVOICE

BILL TO :

DCDC FORD HOSPITAL VARANASI
 FORD HOSPITAL GHAT ROAD, NAER BHU
 TRAUMA CENTER, BALAJI NAGAR COLONY State : 0
 VARANASI, UTTAR PRADESH-221005
 PHONE : 7071714200, 7071714200

SHIPPED TO

Name :- FORD HOSPITAL
 Address :- DIALYSIS UNIT, FORD HOSPITAL
 NEAR BHU TRAUMA CENTER, BALAJI NAGAR
 VARANASI, UTTAR PRADESH - 221005
 NUMBER :- 7071714200

Invoice No	A000642	Bill No.	
Invoice Date	09-08-2023	L.R. Date	09-08-2023
P.O. No.	23346	Cases	0
P.O. Date	07-08-2023	Due Date	07-12-2023

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

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Value	Amount
4015	EXAM GLOVES (M)	1*100	8		26406023		5/28	0.00	230.00	0.00	12.00	220.80	0.00	1840.00
9018	HYPODERMIC STERILE SYRINGE 5ML	1*50	1		23405023		4/28	0.00	195.00	0.00	12.00	23.40	0.00	195.00
30049099	HYPODERMIC STERILE SYRINGE 10M	1*50	2		PC-203		10/24	0.00	175.00	0.00	12.00	42.00	0.00	350.00
9018	INJ POTASSIUM CHLORIDE 10ML 1*		1		HCR23007		4/26	0.00	300.00	0.00	12.00	36.00	0.00	300.00
3005	IV SET-ECO		200		2307083		6/26	0.00	6.50	0.00	12.00	156.00	0.00	1300.00
3006	MICROPORE 3"		12		LDV008		11/27	0.00	75.00	0.00	12.00	108.00	0.00	900.00
996812	SILK SUTURE 5036 2.0		24					0.00	92.00	0.00	12.00	264.96	0.00	2208.00
	Add FREIGHT CHARGES							0.00	450.00	0.00	18.00	81.00	0.00	450.00
Stock/No. of Boxes Received 1 box Subject to Physical Check Name: Anil Pharma Cell No: 968142903 Date: 14/8/23 Signature: M. No. 968142903														
TOTAL											7543.00		7543.00	
DISCOUNT											0.00			
SCHEME											0.00			
TOTAL											7093.00			
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ST 12.00%											450.00			
ST 18.00%											0.00			
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