



ANIL PHARMA

RAJAN BABU ROAD,
KASHI NAGAR, DELHI - 110033
Phone : 011-41557131, 9212300328
Fax : 20B-137393 \ 21B-137394
E-Mail : AN : 07AAPPG6291@1ZR
E-Mail : anilpharma1997@gmail.com

GST INVOICE

Duplicate for Transporter

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

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

Invoice No	A000871	Bill No.	
Invoice Date	13-09-2023	L.R. Date	13-09-2023
P.O. No.	23619	Cases	0
P.O. Date	06-09-2023	Due Date	11-01-2024

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
0183990	BT SET (NV)		50		HCRBT001		11/25	0.00	19.00	0.00	12.00	114.00	0.00	950.00
0015	EXAM GLOVES (M)		4					0.00	230.00	0.00	12.00	110.40	0.00	920.00
3079090	FACE MASK 3 PLY EARLOOP BLUE		200		0.00			0.00	1.50	0.00	5.00	15.00	0.00	300.00
0059040	FITSULA OFF KIT		200		0.00			0.00	8.00	0.00	12.00	192.00	0.00	1600.00
0059040	FITSULA ON-KIT		200		0.00			0.00	8.00	0.00	12.00	192.00	0.00	1600.00
0049099	INJ HOSTRANIL 25000 IU		50		HIHE23010A		5/25	0.00	130.00	0.00	12.00	780.00	0.00	6500.00
018	IV SET-ECO		100		23060260C		5/26	0.00	6.50	0.00	12.00	78.00	0.00	650.00
808	KLACII LIQUID HAND SANITIZER 5		2		HS032L			0.00	580.00	0.00	18.00	208.80	0.00	1160.00
0005	MICROPORE 3"		12		2307088		6/26	0.00	75.00	0.00	12.00	108.00	0.00	900.00
0015	SURGICARE GLOVES 7NO		100		0.00			0.00	16.00	0.00	12.00	192.00	0.00	1600.00
96812	Add FREIGHT CHARGES							0.00	990.00	0.00	18.00	178.20	0.00	990.00

Stock/No. of Boxes Received 3 box
Subject to Physical Check
Name/Employee Code 1149 / 061135
Centre Name Ford Hospital
Date/Time 18.09.23
Signature

CLASS	TOTAL	SCHEME	DISCOUNT	IGST	TOTAL IGST	DISCOUNT	IGST	TOTAL	DISCOUNT	IGST	TOTAL	DISCOUNT	IGST	TOTAL
T 5.00%	300.00	0.00	0.00	15.00	0.00	0.00	15.00	300.00	0.00	15.00	300.00	0.00	15.00	300.00
T 12.00%	14720.00	0.00	0.00	1766.40	0.00	0.00	1766.40	14720.00	0.00	1766.40	14720.00	0.00	1766.40	14720.00
T 18.00%	2150.00	0.00	0.00	387.00	0.00	0.00	387.00	2150.00	0.00	387.00	2150.00	0.00	387.00	2150.00
T 28 %	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	17170.00	0.00	0.00	2168.40	0.00	0.00	2168.40	17170.00	0.00	2168.40	17170.00	0.00	2168.40	17170.00

DIS AMT. 0.00
IGST PAYABLE 2168.40
PAYABLE 0.00
Round off -0.40
CR/DR NOTE 0.00
0.00

TOTAL		17170.00
DIS AMT.		0.00
IGST PAYABLE		2168.40
PAYABLE		0.00
Round off		-0.40
CR/DR NOTE		0.00
0.00		0.00

FOR ANIL PHARMA

Authorised Signatory

Grand Total

19338.00

BANK DETAILS AS :-

Name : UJJIVAN SMALL FINANCE BANK
Branch Name : ADARSH NAGAR
Account No. : 2207120040000335
Code : UJVN0002207

Terms & Conditions

Once sold will not be taken back or exchanged.
Not paid due date will attract 24% interest.
Debit entries subject to Jurisdiction only.