

Original for Buyer

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 :- 9621142903

Invoice No. A002091
 Invoice Date 15-03-2024
 P.O. No. 25374
 P.O. Date 05-03-2024
 Bill No.
 L.R. Date 15-03-2024
 Cases 1
 Due Date 13-07-2024

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



ANIL PHARMA

RAJAN BABU ROAD,
 RSH NAGAR, DELHI - 110033
 e : 011-41557131, 9212300328
 o : 20B-137393 \ 21B-137394
 N : 07AAAPPG6291A1ZR
 il : anilpharma1997@gmail.com

HSN	Product Name	Pack	Qty	Free	Batch	Mfg	Exp	M.R.P	Rate	Dis	IGST	Value	Amount
30018	HYPODERMIC STERILE SYRINGE 10M	1*50	1		66012023		11/28	0.00	175.00	0.00	12.00	21.00	0.00
30005	MICROPORE 3"		12		2401253		12/26	0.00	75.00	0.00	12.00	108.00	0.00
996812	Add FREIGHT CHARGES							0.00	390.00	0.00	18.00	70.20	0.00
<p>Stock/No. of Boxes Received 1 box Subject to Physical Check Name Employee Code .. Maya .. 1101135 Centre Name .. Pand. Hospital Varanasi Date/Time .. 22.12.24 .. 11.12.01 Signature .. M. No. 9621142903</p>													
TOTAL										TOTAL		1465.00	
										DIS AMT.		0.00	
										IGST PAYABLE		199.20	
										PAYABLE		0.00	
										Round off		-0.20	
										CR/DR NOTE		0.00	
										0.00		0.00	

<p>FOR ANIL PHARMA</p> <p>Authorised Signatory</p>		<p>Grand Total</p> <p>1664.00</p>	
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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.
 Disputes subject to Jurisdiction only.