

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : d953557dbc5c0c176b8b2ceb19be50c745b74eff68e7c-98fc4e17de8fd100640
 Ack No. : 172415919060656
 Ack Date : 1-Oct-24

ANCHOR FAB
 B - 4/2, Okhla Industrial Area, Phase II, New Delhi-11
 GST NO. 07ABAPS2131D1Z7
 ISO 9001:2015
 Delhi - 110020, India
 GSTIN/ UIN : 07ABAPS2131D1Z7
 State Name : Delhi, Code : 07
 E-Mail : pulkit77@hotmail.com
 Consignee (Ship to)

DCDC Health Services Pvt Ltd.
 NAYYAR HOSPITAL, 3, DASONDA SINGH RD
 AMRITSAR
 Punjab - 143001, India
 GSTIN/ UIN : 07AAFCD0204K1Z1
 State Name : Punjab, Code : 03
 Buyer (Bill to)

DCDC Health Services Pvt Ltd.
 C-185, 1st Floor, Mayapuri Industrial, Area, Phase -2, New Delhi.
 Delhi - 110064, India
 GSTIN/ UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. AF/465/24-25	Dated 1-Oct-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 120-082024-27204-1	Dated 22-Aug-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination AMRITSAR
Bill of Lading/LR-RR No.	Motor Vehicle No. DL2FS0010
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM (MEDIUM)	620429	2 Set	400.00	Set	800.00
						SGST 2.5% CGST 2.5%
						20.00 20.00
	Stock/No. of Boxes Received 1 Box Subject to Physical Check Name/Employee Code Vijay Duggal / D102507 Centre Name Nayyar Hospital Date/Time 5/10/24 3:15 PM Signature [Signature] M. No. 8591595923					
	Total		2 Set			₹ 840.00

Amount Chargeable (in words) **INR Eight Hundred Forty Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
800.00	2.50%	20.00	2.50%	20.00	40.00
Total: 800.00		20.00		20.00	40.00

Tax Amount (in words) : **INR Forty Only**
 Remarks:
 BILL NO.465
 Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details
 A/c Holder's Name : **ANCHOR FAB**
 Bank Name : **HDFC BANK LTD**
 A/c No. : **03372020000609**
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL PH 2 & HDFC0000337**

Customer's Seal and Signature _____
 Prepared by _____ Verified by _____
 Authorised Signatory

