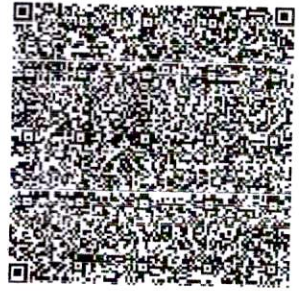


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-invoice



IRN : **b3dc2e0528d92aefb9fb751418224d65a3a47e3107e72-97a91df4b2884852bbe**
 Ack No. : **172414370088342**
 Ack Date : **8-Feb-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) | | Invoice No. AF/824/23-24 | Dated 8-Feb-24 |
| DCDC Health Services Pvt Ltd. SAHARA HOSPITAL, JANU NAGER RAMPUR Uttar Pradesh - 243701, India GSTIN/ UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) | | Delivery Note | Mode/Terms of Payment |
| 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 | | Reference No. & Date. | Other References |
| | | Buyer's Order No. 111-022024-25158 | Dated 6-Feb-24 |
| | | Dispatch Doc No. | Delivery Note Date |
| | | Dispatched through | Destination RAMPUR |
| | | Bill of Lading/LR-RR No. | Motor Vehicle No. DL03CCH0214 |
| | | Terms of Delivery | |

| SI No. | Description of Goods | HSN/SAC | Quantity | Rate | per | Amount |
|--------------|--|---------|--------------|--------|-----|-------------------|
| 1 | UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE XL | 620429 | 2 Set | 850.00 | Set | 1,700.00 |
| | Stock/No. of Boxes Received 1 | | | | | 42.50 |
| | Subject to Physical Check | | | | | 42.50 |
| | Name/Employee Code : Mishra, DCO2411 | | | | | |
| | Centre Name : Sahara Hospital | | | | | |
| | Date/Time : 7.02.2024 7:08 P.M. | | | | | |
| | Signature : [Signature] M. No. 8279538027 | | | | | |
| Total | | | 2 Set | | | ₹ 1,785.00 |

Amount Chargeable (in words) **INR One Thousand Seven Hundred Eighty Five Only** E. & O.E

| | Taxable Value | Central Tax | | State Tax | | Total Tax Amount |
|---------------|-----------------|-------------|--------------|-----------|--------------|------------------|
| | | Rate | Amount | Rate | Amount | |
| | 1,700.00 | 2.50% | 42.50 | 2.50% | 42.50 | 85.00 |
| Total: | 1,700.00 | | 42.50 | | 42.50 | 85.00 |

Tax Amount (in words) : **INR Eighty Five Only**

Remarks:
 BILL NO 824
 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 INDIA PH 21 HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

