

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

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

Invoice No. AF/278/23-24	Dated 12-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 59-072023-23152	Dated 5-Jul-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination SULTANPUR
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

DCDC Health Services Pvt Ltd.
 DISTRICT HOSPITAL SULTANPUR
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

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

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	6204	4 Set	400.00	Set	1,600.00
	SGST 2.5%					40.00
	CGST 2.5%					40.00
Total						₹ 1,680.00

Stock/No. of Boxes Received 1 P.K.T.
 Subject to Physical Check
 Name/Employee Code Mail/Ex/1/DC00484
 Centre Name
 Date/Time
 Signature M. No. 8574571722

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

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:		40.00		40.00	80.00

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

Remarks:
 BILL NO.278
 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 _____

for ANCHOR FAB
 Authorised Signatory

