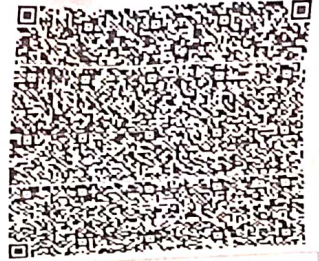


**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 140525e673e3d04401051b05a890d3a7e9761aa1e4c0e-  
bb9b0c960320955a250  
Ack No. : 172313629896760  
Ack Date : 11-Oct-23

**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.**  
CIVIL HOSPITAL SUKHDEV NAGAR, PANIPAT 132103  
Haryana - 132103, India  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Haryana, Code : 06  
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. <b>AF/531/23-24</b>	Dated <b>11-Oct-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>63-102023-23960</b>	Dated <b>10-Oct-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>PANIPAT</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH10214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	4 Set	400.00	Set	1,600.00
						40.00
						40.00
						SGST
						CGST
	Stock/No. of Boxes Received ..... 1 box ✓ Subject to Physical Check ✓ Name/Employee Code ..... DC-01-21-9 ✓ Centre Name ..... Civil Hospital Panipat ✓ Date/Time ..... 11.06.2023 ✓ Signature ..... M. No. 8506000689 ✓					
	Total		4 Set			₹ 1,680.00

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

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

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

Remarks:  
BILL NO.531  
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**  
for **ANCHOR FAB**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_

This is a Computer Generated Invoice

