

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 5995dc8823a60a0feaa2cd0a893abf7ce069bfd08593b2-2fb4ef076d9f5835f0
 Ack No. : 172414177775629
 Ack Date : 8-Jan-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.
 CIVIL HOSPITAL ROHTAK, HARYANA
 Haryana - 124001, 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. AF/737/23-24	Dated 8-Jan-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 57-012024-24732	Dated 5-Jan-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination ROHTAK
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	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT XXL BLUE UNIFORM XXL	620429	1 Set	400.00	Set	400.00
						1,200.00
						SGST 2.5% CGST 2.5%
						30.00
						30.00
Total						₹ 1,260.00

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code DC 00470
 Centre Name CIVIL ROHTAK
 Date/Time 21-02-2024
 Signature M. No. 8506000725

Amount Chargeable (in words) : **INR One Thousand Two Hundred Sixty Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,200.00	2.50%	30.00	2.50%	30.00	60.00
Total:		30.00		30.00	60.00

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

Remarks:
 BILL NO 737
 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-2 & HDEC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

