

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-invoice



IRN : 5d4a0af94520661240097175e1dc234d811e90ab456ad7.  
 92763d7a0672c91fc0  
 Ack No : 172414309319307  
 Ack Date : 8-Feb-24

<b>ANCHOR FAB</b> 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. <b>AF/817/23-24</b>	Dated <b>8-Feb-24</b>
	Delivery Note	Mode/Terms of Payment
<b>DCDC Health Services Pvt Ltd.</b> YATHARTHA HOSPITAL, SECTOR 110, NOIDA Uttar Pradesh - 201304, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to)	Reference No. & Date.	Other References
	Buyer's Order No. <b>64-022024-25037</b>	Dated <b>6-Feb-24</b>
<b>DCDC Health Services Pvt Ltd.</b> 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	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination <b>Noida</b>
	Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	2 Set	400.00	Set	800.00
						SGST 2.5% 20.00
						CGST 2.5% 20.00
Stock/No. of Boxes Received ..... Subject to Physical Check Name/Employee Code ..... Centre Name ..... Date/Time ..... Signature ..... M. No. 8766875609						
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
<b>Total: 800.00</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

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


Remarks:  
**BILL NO 817**

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**

Customer's Seal and Signature

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

  
 Authorised Signatory  
 NEW DELHI

This is a Computer Generated Invoice