

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : bf40c197187e1f1a16eaba482b4cb9e2ea6ff8afbb392b-7ccc1e6b8f68886f90
 Ack No. : 172313494793713
 Ack Date : 21-Sep-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, GOHANA ROAD JIND
 Haryana - 126102, 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/480/23-24	Dated	21-Sep-23
Delivery Note		Mode/Terms of Payment	
Reference No. & Date.		Other References	
Buyer's Order No.	23-092023-23585	Dated	6-Sep-23
Dispatch Doc No.		Delivery Note Date	
Dispatched through		Destination	Jind
Bill of Lading/LR-RR No.		Motor Vehicle No.	DL3CCH0214
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
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	3 Set	400.00	Set	1,200.00
3	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	1 Set	400.00	Set	400.00
						3,300.00
Stock/No. of Boxes Received <i>2, 2, 1</i> Subject to Physical Check Name/Employee Code <i>Shubham</i> Centre Name <i>DCDC CIVIL JIND</i> Date/Time <i>20-09-23</i> Signature <i>Shubham</i>						SGST 2.5% CGST 2.5%
Total						₹ 3,465.00

Amount Chargeable (in words) **INR Three Thousand Four Hundred Sixty Five Only** E & O E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
3,300.00	2.50%	82.50	2.50%	82.50	165.00
Total:		82.50		82.50	165.00

Tax Amount (in words) : **INR One Hundred Sixty Five Only**

Remarks:
 BILL NO.480
 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. : **0337202000609**
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL EN 02, HDFC000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorized Signatory

