

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 3dea381ccbc7d07bcfa92dcc843cdfd09e5d4109b6ba1-b8a6abf4d8204d7f56a
 Ack No. : 172313269209050
 Ack Date : 16-Aug-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.
 DCDC KIDNEY CARE MOTI NAGER, MOTI NAGER
 NEW DELHI 110015
 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

Invoice No. **AF/382/23-24** Dated **16-Aug-23**
 Delivery Note Mode/Terms of Payment
 Reference No. & Date. Other References
 Buyer's Order No. Dated **7-Aug-23**
 Dispatch Doc No. **100-082023-23355** Delivery Note Date
 Dispatched through Destination **MOTI NAGER**
 Bill of Lading/LR-RR No. Motor Vehicle No. **DL3CCH0214**
 Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	5 Set	400.00	Set	2,000.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	6204	5 Set	400.00	Set	2,000.00
						4,000.00
						100.00
						100.00
Total						10 Set
Amount Chargeable (in words)						₹ 4,200.00
INR Four Thousand Two Hundred Only						E. & O.E

Stock/No. of Boxes Received **LRKT**
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 M. No.

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
4,000.00	2.50%	100.00	2.50%	100.00	200.00
Total:		100.00		100.00	200.00

Tax Amount (in words) : **INR Two Hundred Only**

Remarks:
 BILL NO 382

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

for **ANCHOR FAB**

Prepared by _____ Verified by _____



This is a Computer Generated Invoice