

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : f79a6c61ed4a24428f49b8228ff1571fba7fc36de5ecc4f3-09b7dcf4d6da8870
 Ack No. : 172313272232641
 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.
 CIVIL HOSPITAL , VIKAS NAGAR BASAI, SECTOE
 -10, GURGAON HARYANA
 Haryana - 122001, 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/397/23-24**
 Delivery Note
 Dated **16-Aug-23**
 Mode/Terms of Payment
 Reference No. & Date.
 Other References
 Buyer's Order No. **21-082023-23406**
 Dispatch Doc No.
 Dated **7-Aug-23**
 Delivery Note Date
 Dispatched through
 Destination **GURGAON**
 Terms of Delivery

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	2 Set	400.00	Set	800.00
2	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
						2,500.00

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time 19/8/23 4:30 PM
 Signature M. No. 850605408
 SGST 2.5%
 CGST 2.5%

Amount Chargeable (in words) **Total 4 Set ₹ 2,625.00**
INR Two Thousand Six Hundred Twenty Five Only E. & O.E

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
2,500.00	2.50%	62.50	2.50%	62.50	125.00
Total:		62.50		62.50	125.00

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

Remarks: BILL NO 397

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

