(DUPLICATE FOR TRANSPORTER)

Tax Invoice Dated Invoice No. ANCHOR FAB 4-Apr-23 AF/017/23-24 B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11 Mode/Terms of Payment Delivery Note GST NO.07ABAPS2131D1Z7 Delhi - 110020, India GSTIN/UIN: 07ABAPS2131D1Z7 Dated Buyer's Order No. State Name: Delhi, Code: 07 29-Mar-23 28-032023-22144-1 E-Mail: pulkit77@hotmail.com Delivery Note Date Dispatch Doc No. Consignee (Ship to) DCDC Health Services Pvt Ltd. Destination Dispatched through CIVIL HOSPITAL AMBALA AMBALA AMBALA HARYANAA Terms of Delivery Haryana - 110064. India 07AAFCD0204K1Z1 GSTIN/UIN : Haryana, Code : 06 State Name Buyer (Bill to) DCDC Health Services Pvt Ltd. C-185, 1st Floor, Mayapuri Industrial Area, Phase -2, New Delhi. Delhi - 110064, India : 07AAFCD0204K1Z1 GSTIN/UIN

Place of Supply Delhi HSN/SAC GST Quantity Rate per Disc. % Amount Description of Goods SI Rate No. 400.00 Set 4,000.00 5 % SKY BLUE SCRUB SUIT LARGE 10 Set 6204 BLUE UNIFORM LARGE

> SGST CGST

100.00 100.00

CHSPL CENTRE-CIVIL HOSPITAL, AMBALA CANTT. L RECEIVED 2 do pm RECEIVED BY

Total

10 Set

₹ 4,200.00

Amount Chargeable (in words)

E. & O.E

INR Four Thousand Two Hundred Only Central Tax Total State Tax HSN/SAC Taxable Rate Rate Amount Tax Amount Value Amount 100.00 200.00 100.00 2.50% 4,000.00 2.50% 6204 100.00 100.00 200.00 Total 4,000.00

Tax Amount (in words): INR Two Hundred Only

: Delhi, Code: 07

State Name

Company's Bank Details

A/c Holder's Name : ANCHOR FAB Bank Name HDFC BANK LTD A/c No. 03372020000609

Branch & IFS Code: MAA ANANDMAY! MARG OKHALA INDL PH-2 & HDFC0000337

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for ANCHOR FAB

ed Signatory