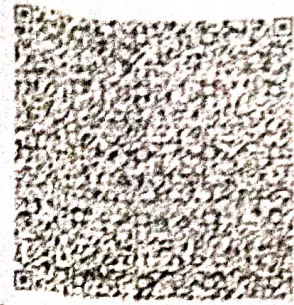


**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 10414c2f16dd8a6c0a4e65f38c01a2c2bee987c1ede9a-ad8f39fac9a13c23d14  
 Ack No : 172415396021252  
 Ack Date : 15-Jul-24

**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 KAITHAL, PATTI GADAR, KAITHAL  
 Haryana - 136027, 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. <b>AF/299/24-25</b>	Dated <b>15-Jul-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>66-072024-26633</b>	Dated <b>4-Jul-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>KAITHAL</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	<b>SKY BLUE SCRUB SUIT MEDIUM</b> BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
						SGST 2.5% CGST 2.5%
						20.00 20.00
			<b>Total</b>		<b>2 Set</b>	<b>₹ 840.00</b>

Stock/No. of Boxes Received One.....  
 Subject to Physical Check  
 Name/Employee Code Manu Bansal DWL 151  
 Centre Name (PCDC) C.H. Kaithal  
 Date/Time 15/7/24 2:30 p.m.  
 Signature [Signature] M. No. 8506000651

Amount Chargeable (in words) : **INR Eight Hundred Forty Only**  
 E. & O.E

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
800.00	2.50%	20.00	2.50%	20.00	40.00
<b>Total:</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

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

Remarks:  
 BILL NO 299  
 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 BH-110064000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_  
 Authorised Signatory

