

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

**ANCHOR FAB**  
 B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11  
 GST NO. 07ABAPS2131D1Z7  
 Delhi - 110020, India  
 GSTIN/UIN: 07ABAPS2131D1Z7  
 State Name : Delhi, Code : 07  
 E-Mail : pulkit77@hotmail.com  
 Consignee (Ship 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 : 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/053/23-24</b>	Dated <b>19-Apr-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>66-04202322392-1</b>	Dated <b>17-Apr-23</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	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount	
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	6204	2 Set	400.00	Set	800.00	
						SGST 20.00	
						CGST 20.00	
<b>Total</b>						<b>2 Set</b>	<b>₹ 840.00</b>

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

Amount Chargeable (in words)  
**INR Eight Hundred Forty Only**  
 Remarks:  
 BILL NO 53  
 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 INDIA & HDFC0000337**

Customer's Seal and Signature  
 Prepared by  
 Verified by  
 Authorised Signatory

