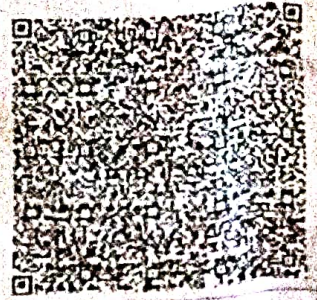


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : c66ff91ebc253346b39fe9ef6480d2bf15ca216a776712a8-f39e419e9ac20931
 Ack No. : 172415919238239
 Ack Date : 1-Oct-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 : pufkit77@hotmail.com Consignee (Ship to)	Invoice No.	Dated
	AF/473/24-25	1-Oct-24
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)	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
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	Buyer's Order No.	Dated
	66-092024-27386	4-Sep-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	KAITHAL	
	Bill of Lading/LR-RR No.	Motor Vehicle No.
	DL2ES0010	
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM (MEDIUM)	620429	2 Set	400.00	Set	800.00
						SGST 2.5% CGST 2.5%
						20.00 20.00
	Stock/No. of Boxes Received <i>One</i> Subject to Physical Check Name/Employee Code <i>Manu / D/02754</i> Centre Name <i>DCDC CH Kaithal</i> Date/Time <i>24/10/24 2:30pm</i> Signature <i>[Signature]</i> M. No. <i>8506000651</i>					
	Total		2 Set			₹ 840.00

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

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	800.00	2.50%	20.00	2.50%	20.00	40.00
Total:	800.00		20.00		20.00	40.00

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

Remarks: BILLNO.473

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

Prepared by _____ Verified by _____

for ANCHOR FAB
Authorised Signatory

This is a Computer Generated Invoice

