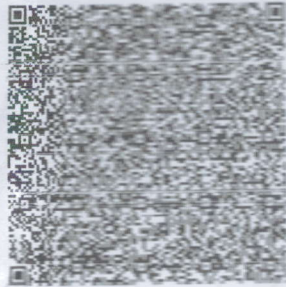


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 414742d9808851b53881d607e01f07eb2cf256b80e551-5b88ae0f1fd6f61f857
 Ack No. : 172414305218334
 Ack Date : 30-Jan-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 JAGADHARI, YAMUNA NAGAR - 135003
 Haryana - 135003, 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/784/23-24** Dated **30-Jan-24**
 Delivery Note Mode/Terms of Payment
 Reference No. & Date. Other References
 Buyer's Order No. Dated **5-Jan-24**
 Dispatch Doc No. **50-012024-24774** Delivery Note Date
 Dispatched through Destination **YAMUNA NAGAR**
 Bill of Lading/LR-RR No. Motor Vehicle No. **DL03CCH0214**
 Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	4 Set	400.00	Set	1,600.00
3	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	2 Set	400.00	Set	800.00
4	SKY BLUE SCRUB SUIT XXL BLUE UNIFORM XXL	620429	2 Set	400.00	Set	800.00
						4,800.00
						SGST 2.5% 120.00
						CGST 2.5% 120.00
Total			12 Set			₹ 5,040.00

Amount Chargeable (in words) **INR Five Thousand Forty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	4,800.00	2.50%	120.00	2.50%	120.00	240.00
Total:	4,800.00		120.00		120.00	240.00

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

Remarks:
 BILL NO 784
 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 & HDFC0000033)
 for ANCHOR FAB

Customer's Seal and Signature

Stock/No. of Boxes Received **1**
 Subject to Physical Check
 Name/Employee Code **Manoj DCO 3265**
 Centre Name **C.H. Jagadhari**
 Date/Time **01/02/24 1.00**
 Signature **[Signature]** M. No. **9888212601**

Prepared by _____ Verified by _____ Authorised Signatory

This is a Computer Generated Invoice

