

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-invoice



IRN : d6c05cb96b7f1543226c5911634d6eb44ad4844ce8c30-a140fcef184e0c6dea9
 Ack No. : 172414370242551
 Ack Date : 8-Feb-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. DIST HOSPITAL SULTANPUR, MAJAR GANJ SULTANPUR Uttar Pradesh - 228001, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 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.	Dated	
	AF/828/23-24	8-Feb-24	
	Delivery Note	Mode/Terms of Payment	
	Reference No. & Date.	Other References	
	Buyer's Order No.	Dated	
	59-022024-25075	7-Feb-24	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
	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	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	4 Set	400.00	Set	1,600.00
						2,400.00
						60.00
						60.00
			6 Set			₹ 2,520.00

Stock/No. of Boxes Received ...1...PKT.....
 Subject to Physical Check
 Name/Employee Code *Maitresh Dhoobay*
 Centre Name *Sultanpur*
 Date/Time *12/2/24 11:39 am*
 Signature *[Signature]* M. No. *8574571722*

Amount Chargeable (in words) **INR Two Thousand Five Hundred Twenty Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
2,400.00	2.50%	60.00	2.50%	60.00	120.00
Total:		60.00		60.00	120.00

Tax Amount (in words) : **INR One Hundred Twenty Only**

Remarks:
 BILL NO 828
 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 IN-22 & HDFC000337**

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

