

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.
 GOVERNMENT DIALYSIS CENTRE,
 KURUKSHETRA HARYANA
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

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/203/23-24	Dated 22-Jun-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 107-062023-22870-2	Dated 7-Jun-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination Kurukshetra
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	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	6204	2 Set	850.00	Set	1,700.00
						SGST 42.50
						CGST 42.50
Total						2 Set ₹ 1,785.00

Stock/No. of Boxes Received Yes
 Subject to Physical Check
 Name/Employee Code DC 626 25
 Centre Name Kurukshetra
 Date/Time 22/6/23
 Signature Pulkit M. No. 9140607532

Amount Chargeable (in words) **INR One Thousand Seven Hundred Eighty Five Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,700.00	2.50%	42.50	2.50%	42.50	85.00
Total:		1,700.00		42.50	85.00

Tax Amount (in words) : **INR Eighty Five Only**
 Remarks:
 BILL NO 203
 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 for ANCHOR FAB
 Prepared by _____ Verified by _____ Authorised Signatory

