Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice

IRN : **da87d31feef6fda18c9e9b0b90f86080270fe1b29e2cdc-bcd9c17b54d4850aaa**
Ack No. : **172415397898037**
Ack Date : **15-Jul-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.
DCDC KIDNEY CARE KRISHNA NAGER, OPP TANEJA DAIRY
Delhi - 110051, 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/303/24-25**	Dated **15-Jul-24**
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. **204-072024-26675**	Dated **4-Jul-24**
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination **Krishna Nager**
Bill of Lading/LR-RR No.	Motor Vehicle No. **DL03CCH0214**
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	**SKY BLUE SCRUB SUIT SMALL** *BLUE UNIFORM SMALL*	620429	**6 Set**	400.00	Set	**2,400.00**
	SGST 2.5%					**60.00**
	CGST 2.5%					**60.00**
	Total		**6 Set**			**₹ 2,520.00**

DCDC KIDNEY CARE KRISHNA NAGAR DCDC-KIDNEY CARE

Stock/No. of Boxes Received 1 PKt
Subject to Physical Check
Name/Employee Code Tulsiwale DC03397
Centre Name Krishna Nagar
Date/Time 17/7/24
Signature ..... M. No. 9120012291

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

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

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

Remarks:
BILL NO 303

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 PH2 & HDFC0000337**

Customer's Seal and Signature

for ANCHOR FAB

Prepared by Verified by Authorised Signatory

ANCHOR FAB NEW DELHI

This is a Computer Generated Invoice