

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 977284424fe958f846760e481e647ac85269cea464b9fd-a6b478440539a8146e
 Ack No. : 172314061451351
 Ack Date : 20-Dec-23

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.
 DISTRICT HOSPITAL SITAPUR
 Uttar Pradesh - 261001, 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. **AF/689/23-24**
 Delivery Note
 Dated **20-Dec-23**
 Mode/Terms of Payment
 Reference No. & Date.
 Other References
 Buyer's Order No. **91-122023-24488**
 Dispatch Doc No.
 Dated **7-Dec-23**
 Delivery Note Date
 Dispatched through
 Destination
 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	UNIFORM PANT SHIRT SET PANT - SHIRT SET MALE MEDIUM	620429	1 Set	850.00	Set	850.00
						21.25
						21.25
						SGST 2.5%
						CGST 2.5%
						₹ 892.50

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code DC02094 / Profull Mishra
 Centre Name DR S. Hapur
 Date/Time 20/12/23
 Signature [Signature] M. No. 638642509

Signature
 Date/Time
 Centre Name
 Name/Employee Code
 Subject to Physical Check
 Stock/No. of Boxes Received

Amount Chargeable (in words) **INR Eight Hundred Ninety Two and Fifty paise Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
850.00	2.50%	21.25	2.50%	21.25	42.50
Total:		21.25		21.25	42.50

Tax Amount (in words) : **INR Forty Two and Fifty paise Only**

Remarks:
 BILL NO 689
 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. : **0337202000609**
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL PH 2 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

