



RN : d42d542b6ddeb6ba5dbd6b03ef0511a9009954af186e8-e79cbf5ba053e8c195e
 Ack No : 172414750690244
 Ack Date : 6-Apr-24

ANCHOR FAB

B : 1/2 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 SANT RAVIDAS NAGER, BHADOI UP
 Uttar Pradesh - 221304, 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/022/24-25** Dated **6-Apr-24**
 Delivery Note Mode/Terms of Payment

Reference No. & Date. Other References

Buyer's Order No. Dated
104-032024-25425 **5-Mar-24**
 Dispatch Doc No. Delivery Note Date

Dispatched through Destination
BHADOI
 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 (Trouser & Shirt) Set 6204 SHIRT & TROUSER MALE MEDIUM	6204	2 Set	850.00	Set	1,700.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
						2,500.00
						62.50
						62.50
						SGST 2.5%
						CGST 2.5%
						4 Set
						₹ 2,625.00
						E. & O.E

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No. 8082293140

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

Amount Chargeable (in words)
INR Two Thousand Six Hundred Twenty Five Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
2,500.00	2.50%	62.50	2.50%	62.50	125.00
Total:		2,500.00		62.50	125.00

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

Remarks: BILL NO : 22
 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 IND. PH-2 & HDFC0006337**



Customer's Seal and Signature

Prepared by _____ Verified by _____