

Tax Invoice

Invoice No. AF/731/23-24
 Date 5-Jan-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.
CCMG MEDICAL COLLEGE, CHATTISGARH
 Chhattisgarh - 490024, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Chhattisgarh, Code : 22
 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/731/23-24
 Delivery Note

Dated 5-Jan-24
 Mode/Term of Payment

Reference No. & Date

Other References

Buyer's Order No. 132-012024-24785
 Dispatch Doc No.

Dated 5-Jan-24
 Delivery Note Date

Dispatched through

Destination

Bill of Lading/LR-RR No.

CHATTISGARH
 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	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
3	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	2 Set	400.00	Set	800.00
						2,400.00
						SGST 2.5% 60.00
						CGST 2.5% 60.00
Total						6 Set ₹ 2,520.00

Amount Chargeable (in words)

INR Two Thousand Five Hundred Twenty Only

E & O E

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:		60.00		60.00	120.00

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

Remarks:
 BILL NO 731

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

Customer's Seal and Signature

Signature: [Handwritten Signature]
 Date: 05/01/24
 Name: [Handwritten Name]
 Designation: [Handwritten Designation]
 Stock/No. of Boxes Received: 6
 Subject to Physical Check
 Name/Employer Code: [Handwritten Code]

Prepared by _____ Verified by _____



This is a Computer Generated Invoice