

Backend Entry



IRN : 2650c7f533e6c959eb332ea9d196f3925a49a4e8eee250-
bedc1cd8c51aac088a
Ack No. : 172414750903704
Ack Date : 6-Apr-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.
VY HOSPITAL KAMAL VIHAR, DHAMTARI ROAD
RAIPUR CHATTISGARH
Chhattisgarh - 492001, 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/028/21-25** Dated **6-Apr-24**
Delivery Note Mode/Terms of Payment
Reference No. & Date. Other References
Buyer's Order No. **155-032024-25438** Dated **6-Mar-24**
Dispatch Doc No. Delivery Note Date
Dispatched through Destination **CHATTISGARH**
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 (Trouser & Shirt) Set 6204 SHIRT & TROUSER FEMALE MEDIUM	6204	1 Set	850.00	Set	850.00
						SGST 2.5% 21.25 CGST 2.5% 21.25
	Stock/No. of Boxes Received <u>1</u> <u>PKT</u> Subject to Physical Check Name/Employee Code <u>DCD3208</u> Centre Name <u>VY Hospital Raipur</u> Date/Time <u>06/05/24</u> Signature <u>[Signature]</u> M. No.					
	Total		1 Set			₹ 892.50

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

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax 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. 28
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 213100377**

Customer's Seal and Signature

Prepared by _____ Verified by _____
Authorized Signatory

