

Backend Entry

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : fc172329ff599cdd5019cab78208b1604b178092ecb1370-49f066310959d6ddb
Ack No. : 172415397195648
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.
GGH GODAVARIKHANI, DISTT. PEDDAPALLI
Telangana - 505209, India
GSTIN/ UIN : 07AAFCD0204K1Z1
State Name : Telangana, Code : 36
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/265/24-25**
Delivery Note
Dated **15-Jul-24**
Mode/Terms of Payment
Reference No. & Date. Other References
Buyer's Order No. **142-062024-26277**
Dispatch Doc No. Dated **4-Jun-24**
Delivery Note Date
Dispatched through Destination **TELANGANA**
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	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	4 Set	400.00	Set	1,600.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
						2,400.00
Stock/No. of Boxes Received 1 (Box)						
Subject to Physical Check						SGST 2.5% 60.00
Name/Employee Code <i>Ravi</i>						CGST 2.5% 60.00
Centre Name : Godavari Khani						
Date/Time : 15 July 2024						
Signature : <i>Ravi</i> M. No. 8500125370						
Total						6 Set ₹ 2,520.00

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

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	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 : 265
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 INDLPHY & HQFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
Authorized Signatory



This is a Computer Generated Invoice