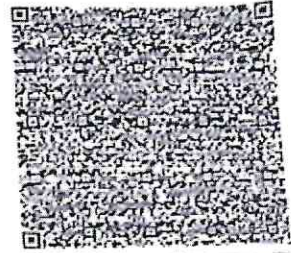


Backend Entry

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-invoice



IRN : 299bef327c22c27a9349e9dc70ba01bffc68161b7a2050-5b961abc3b168078c8
 Ack No. : 172415609633726
 Ack Date : 17-Aug-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. GH KHAMMAM, GOVT HOSPITAL KHAMMAM DISTT KHAMMAM Telangana - 507001, 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/357/24-25	Dated 17-Aug-24
	Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References	
Buyer's Order No. 146-072024-26729	Dated 4-Jul-24	Delivery Note Date
Dispatch Doc No.	Dispatched through	Destination KHAMMAM
Bill of Lading/LR-RR No.	Motor Vehicle No. DL3CCH0214	
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
✓	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
						SGST 42.50
						CGST 42.50
			Total		2 Set	₹ 1,785.00

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee : **DC03175**
 Centre Name : **GH KHAMMAM**
 Date/Time : **23-08-2024**
 Signature : **R. Gul** Id. No. **8106326263**

Amount Chargeable (in words)
INR One Thousand Seven Hundred Eighty Five Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
1,700.00	2.50%	42.50	2.50%	42.50	85.00
Total:		42.50		42.50	85.00

Tax Amount (in words) : **INR Eighty Five Only**

Remarks:
 BILL NO : 357

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 AMANDMAYI MARG OKHALA INDL PH-2 & HDFC0000337**
 for ANCHOR FAB

Customer's Seal and Signature _____ Prepared by _____ Verified by _____ Authorized Signatory _____

This is a Computer Generated Invoice

