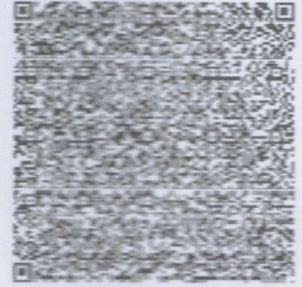


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 6134bc5b7d9b40a892593d465da79c8a399f4ad289274-92bb92b5ea52c0d9b90
 Ack No. : 172414862234516
 Ack Date : 25-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.
 PGIMS ROHTAK, MEDICAL ROAD ROHTAK
 Haryana - 124001, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Haryana, Code : 06

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.	Dated
AF/097/24-25	25-Apr-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
81-042024-25868	5-Apr-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	ROHTAK
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	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	6 Set	400.00	Set	2,400.00
						60.00
						60.00
						SGST 2.5%
						CGST 2.5%
						Total
			6 Set			₹ 2,520.00

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code 2102434 / Sunny
 Centre Name PGIMS ROHTAK
 Date/Time 20/04/24
 Signature M. No. 9724035169

Amount Chargeable (in words) **INR Two Thousand Five Hundred Twenty Only** E. & O.E

	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:	2,400.00	*	60.00		60.00	120.00

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

Remarks:
 BILL NO : 97
 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. : **0337202000609**
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

