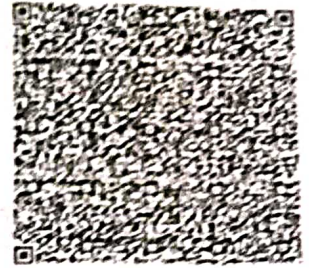


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 015e0a8b564a2714038dd1f5d7cb414aa296d9086cec5-70a9137ddac0a6ee40d
 Ack No. : 172415387714577
 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.
 TALUKA HOSPITAL TALIKOTI, DIST. VIJAYPURA
 Karnataka - 586214, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Karnataka, Code : 29
 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/280/24-25** Dated **15-Jul-24**
 Delivery Note **Mode/Terms of Payment**
 Reference No. & Date. **Other References**
 Buyer's Order No. **213-062024-26392** Dated **4-Jun-24**
 Dispatch Doc No. **Delivery Note Date**
 Dispatched through **Destination**
KARNATAKA
 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 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
						1,600.00
						40.00
						40.00
Total			4 Set			₹ 1,680.00

Stock/No. of Boxes Received 01 **SGST 2.5%**
 Subject to Physical Check 01 R.N. Mohal **CGST 2.5%**
 Name/Employee Code
 Contact Name R.N. Mohal
23-7-2023 10-50
R.N. Mohal M. No. 8431104218



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

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:		40.00		40.00	80.00

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

Remarks:
 BILL NO : 280
 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 INDL PH-2 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____



This is a Computer Generated Invoice