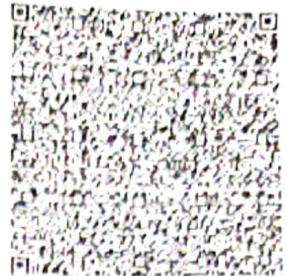


**Tax Invoice**

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : b03f6fd19f6193e327ff76f4bae5bd10d4df9904c76bd42-240950c85b012e493  
 Ack No. : 172415610636330  
 Ack Date : 17-Aug-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.**  
 CIVIL HOSPITAL FATEHABAD, NEAR BUS STAND  
 FATEHABAD  
 Haryana - 125050, 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. <b>AF/384/24-25</b>	Dated <b>17-Aug-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>71-082024-26935</b>	Dated <b>5-Aug-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>FATEHABAD</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL3CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	1 Set	400.00	Set	400.00
	Stock/No. of Boxes Received <u>1</u>					10.00
	Subject to Physical Check <input checked="" type="checkbox"/>					10.00
	Name/Employee Code <u>Divya 3396</u>					
	Centre Name <u>Civil Fatehabad</u>					
	Date/Time <u>24-08-24 4:00PM</u>					
	Signature <u>[Signature]</u> M. No. <u>89290-67527</u>					
	<b>Total</b>		<b>1 Set</b>			<b>₹ 420.00</b>

Amount Chargeable (in words) **INR Four Hundred Twenty Only** E. & O E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
400.00	2.50%	10.00	2.50%	10.00	20.00
<b>Total:</b>		<b>10.00</b>		<b>10.00</b>	<b>20.00</b>


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

Remarks:  
 BILL NO : 384  
 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 \_\_\_\_\_

Authorized Signatory  


This is a Computer Generated Invoice