

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

**ANCHOR FAB**  
 B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11  
 GST NO. 07ABAPS2131D1Z7  
 Delhi - 110020, India  
 GSTIN/UIN: 07ABAPS2131D1Z7  
 State Name: Delhi, Code: 07  
 E-Mail: pulkit77@hotmail.com  
 Consignee (Ship to)

**DCDC Health Services Pvt Ltd.**  
 REGIONAL HOSPITAL BILASPUR  
 HIMACHAL PARDESH  
 Himachal Pradesh - 110064, India  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Himachal Pradesh, Code : 02  
 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
<b>AF/004/23-24</b>	<b>4-Apr-23</b>
Delivery Note	Mode/Terms of Payment
Buyer's Order No.	Dated
<b>29-012023-21436-5</b>	<b>10-Jan-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	<b>BILASPUR</b>
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>SKY BLUE SCRUB SUIT XL</b> BLUE UNIFORM SIZE XL	6204	5 %	<b>2 Set</b>	400.00	Set		<b>800.00</b>
2	<b>UNIFORM PANT SHIRT SET</b> SHIRT TROUSER MALE SIZE - XL	6204	5 %	<b>2 Set</b>	850.00	Set		<b>1,700.00</b>
								<b>2,500.00</b>
<b>SGST</b>								<b>62.50</b>
<b>CGST</b>								<b>62.50</b>
<b>Total</b>				<b>4 Set</b>				<b>₹ 2,625.00</b>

Stock/No. of Boxes Received ..... 0.1 .....  
 Subject to Physical Check  
 Name/Employee Code ..... Sachin D00200 .....  
 Centre Name ..... R.H. Bilaspur .....  
 Date/Time ..... 13/4/2023 4:00 P.M. .....  
 Signature ..... [Signature] ..... M. No. 7018470530

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

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
6204	2,500.00	2.50%	62.50	2.50%	62.50	125.00
<b>Total</b>	<b>2,500.00</b>		<b>62.50</b>		<b>62.50</b>	<b>125.00</b>

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

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**

Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

