

**Tax Invoice**

(ORIGINAL FOR RECIPIENT)

<b>ANCHOR FAB F.Y.2021-22</b> 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)	Invoice No. <b>616</b>	Dated <b>11-Jan-23</b>
	Delivery Note	Mode/Terms of Payment
<b>DCDC Health Servises Pvt.Ltd.</b> District Hospital Sant Ravidas Nager Bhadoi 221304 Delhi - 110064, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07 Buyer (Bill to)	Reference No. & Date.	Other References
	Buyer's Order No. <b>104-112022-20772-5</b>	Dated <b>11-Nov-22</b>
<b>DCDC Health Servises Pvt.Ltd.</b> 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	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination <b>Bhadoi</b>
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT MEDIUM</b> <i>Blue Uniform Medium</i>	6204	5 %	4 Set	400.00	Set	1,600.00
	<b>SGST 2.5%</b>						40.00
	<b>CGST 2.5%</b>						40.00
<b>Total</b>				<b>4 Set</b>			<b>₹ 1,680.00</b>

Amount Chargeable (in words) **INR One Thousand Six Hundred Eighty Only** E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
6204	1,600.00	2.50%	40.00	2.50%	40.00	80.00
<b>Total</b>	<b>1,600.00</b>		<b>40.00</b>		<b>40.00</b>	<b>80.00</b>

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

Company's Bank Details  
 A/c Holder's Name : **ANCHOR FAB**  
 Bank Name : **HDFC Bank**  
 A/c No. : **03372020000609**  
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INDL PH-2 & HDFC0000387**  
 for **ANCHOR FAB F.Y.2021-22**

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

Authorised Signatory