

Tax Invoice

(ORIGINAL FOR RECIPIENT)

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.
 DISTRICT HOSPITAL KANPUR DEHAT, MATI
 ROAD AKHBARPUR 209101
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

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/270/23-24	Dated 12-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 88-072023-23194	Dated 5-Jul-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination KANPUR DEHAT
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	8204	4 Set	400.00	Set	1,600.00
						SGST 40.00
						CGST 40.00
Total						4 Set ₹ 1,680.00

Store of Bills Received L.P.K.
 Subject of Bill
 Name/Employer Kanpur Dehat
 Centre Name Kanpur Dehat
 Date/Time
 Signature [Signature] 9389039449

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

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: 1,600.00		40.00		40.00	80.00

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

Remarks:
 BILL NO 270

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 _____

