

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 PILIBHIT, TANAKPUR RD,
 EKTA NAGAR PILIBHIT
 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

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	6204	3 Set	400.00	Set	1,200.00

SGST 30.00
CGST 30.00

Stock/No. of Boxes Received 1
 Subject to Physical Check
 Name/Employee Code DCG 123 / Mohd Razu
 Centre Name Pilibhit
 Date/Time 16/8/23
 Signature M. No. 9045801912

Total 3 Set ₹ 1,260.00
 E. & O.E

Amount Chargeable (in words)

INR One Thousand Two Hundred Sixty Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,200.00	2.50%	30.00	2.50%	30.00	60.00
Total:		30.00		30.00	60.00

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

Remarks:
 BILL NO.328

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 & HDFC000337**

Customer's Seal and Signature

for **ANCHOR FAB**

Prepared by _____ Verified by _____

Authorized Signatory

