

IRN : d80c099ea27bd4cd7c9f43bd565a7f0f690db51a7eb0de6.  
 6492e2f475ee97df99  
 Ack No. : 172415117858662  
 Ack Date : 3-Jun-24



**ANCHOR FAB**  
 B-1/2, 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 BHIWANI, BHIWANI GHANTA  
 QHAR CHOWK  
 Haryana - 127021, 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. **AF/19/24-25**  
 Delivery Date  
 Dated **3-Jun-24**  
 Model/Terms of Payment  
 Other References  
 Buyer's Order No. **49-052024-26130**  
 Dispatch Doc No.  
 Dated **3-May-24**  
 Delivery Note Date  
 Dispatched through  
 Destination **Bhiwani**  
 Bill of Lading/LR-TR No.  
 Motor Vehicle No. **DL03CCH0214**

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT XL</b> BLUE UNIFORM XL	620429	<b>1 Set</b>	400.00	Set	<b>400.00</b>
	<b>SGST 2.5%</b>					<b>10.00</b>
	<b>CGST 2.5%</b>					<b>10.00</b>
	Stock/No. of Boxes Received ..... Subject to Physical Check Name/Employee Code ..... Centre Name ..... Date/Time ..... Signature .....					<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>400.00</b>		<b>10.00</b>	<b>20.00</b>

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

Remarks:  
 ILL NO : 194  
 I 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**  
 for **ANCHOR FAB**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_  
 Authorised Signatory

This is a Computer Generated Invoice

