

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 7ae7937f7a176b02f444a8a136a0f404270801116789c4-c2b09734f3e40492e8
 Ack No. : 172313860392076
 Ack Date : 17-Nov-23

ANCHOR FAB

B - 4/2, 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.
 DIST HOSPITAL CHANDAULI, CHANDAULI
 UTTAR PARDESH
 Uttar Pradesh - 232104, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Uttar Pradesh, Code : 09
 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/596/23-24	Dated 17-Nov-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 105-112023-24165	Dated 6-Nov-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination CHANDAULI
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
						SGST 2.5% 20.00 CGST 2.5% 20.00
	Stock/No. of Boxes Received <i>one</i> Subject to Physical Check <i>Done</i> Name/Employee Code <i>DC02113</i> Centre Name <i>Chan. daudi, UP.</i> Date/Time <i>24-11-23 2:20 PM</i> Signature <i>[Signature]</i> M. No. <i>8115409765</i>					
	Total		2 Set			₹ 840.00

Amount Chargeable (in words) **INR Eight Hundred Forty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	800.00	2.50%	20.00	2.50%	20.00	40.00
Total:	800.00		20.00		20.00	40.00

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

Remarks:
BILL NO 596

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 _____



This is a Computer Generated Invoice