

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 5807f69e7081e95ec6fb73a157e91793bd5789c94ad2d-ccb7830769db106570b
 Ack No. : 172314061469305
 Ack Date : 20-Dec-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.
 AROGYAM HOSPITAL HAZARIBAGH
 Jharkhand - 825301, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Jharkhand, Code : 20
 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/691/23-24	Dated 20-Dec-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 75-122023-24493	Dated 7-Dec-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination HAZARIBAGH
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	UNIFORM PANT SHIRT SET PANT -SHIRT SET MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
						SGST 2.5% CGST 2.5%
						42.50 42.50
			2 Set			₹ 1,785.00

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

INR One Thousand Seven Hundred Eighty Five Only

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	1,700.00	2.50%	42.50	2.50%	42.50	85.00
Total:	1,700.00		42.50		42.50	85.00

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

Remarks:

BILL NO 691

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 INDY PH-1 & HDFC0000337**

Customer's Seal and Signature

Stock/No. of Boxes Received **1**

Subject to Physical Check

Name/Employee Code **DC02273**

Centre Name **Arogyam Hazaribagh**

Date/Time **20/11/23 6:30 PM**

Signature **[Signature]** M. No. **850600462**

Prepared by

Verified by

Authorised Signatory



This is a Computer Generated Invoice