

IRN : 4466b9d112a688221482cd55adbbbd751cf8c014464b-340f5e39e51c95ed321  
 Ack No. : 172415117720431  
 Ack Date : 3-Jun-24

**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.**  
 TH SIDDAPURA, TALUK HOSPITAL, SIDDAPURA,  
 UTTARAKANNDIA DIST.  
 Karnataka - 581355, India  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Karnataka, Code : 29  
 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.	Dated
<b>AF/184/24-25</b>	<b>3-Jun-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
<b>201-052024-26023</b>	<b>3-May-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	<b>KARNATKA</b>
Bill of Lading/LR-RR No.	Motor Vehicle No.
	<b>DL03CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT LARGE</b> BLUE UNIFORM LARGE	620429	<b>2 Set</b>	400.00	Set	<b>800.00</b>
	SGST 2.5%					20.00
	CGST 2.5%					20.00
	<b>Total</b>		<b>2 Set</b>			<b>₹ 840.00</b>

Stock/No. of Boxes Received .....  
 Subject to Physical Check  
 Name/Employee Code ..... *Pallavi Naik*  
 Centre Name ..... *T. H. Siddapura*  
 Date/Time ..... *02/06/2024*  
 Signature ..... *[Signature]* M No. *1090609181*



Amount Chargeable (in words) E. & O.E

**INR Eight Hundred Forty Only**

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
<b>Total:</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

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

Remarks:  
 BILL NO : 184  
 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 \_\_\_\_\_  
 for **ANCHOR FAB**  
 Authorised Signatory



**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice

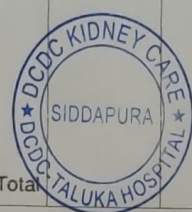


IRN : 0f5e79d57ea1820f59e5addb265df518dc2595d97ab72-  
 d481b9a5a4dc750c8c8  
 Ack No. : 172415117565771  
 Ack Date : 3-Jun-24

<b>ANCHOR FAB</b> 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	Invoice No.	Dated
	<b>AF/178/24-25</b>	<b>3-Jun-24</b>
Consignee (Ship to) <b>DCDC Health Services Pvt Ltd.</b> TH SIDDAPURA TALUK HOSPITAL, SIDDAPUR, UTTARKANNADA DIST, Karnataka - 581355, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Karnataka, Code : 29	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
Buyer (Bill to) <b>DCDC Health Services Pvt Ltd.</b> 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	Buyer's Order No.	Dated
	<b>201-052024-25985</b>	<b>3-May-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
		<b>DL03CCH0214</b>
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	<b>2 Set</b>	400.00	Set	<b>800.00</b>
						<b>20.00</b>
						<b>20.00</b>
			<b>Total</b>		<b>2 Set</b>	<b>₹ 840.00</b>

Stock/No. of Boxes Received .....  
 Subject to Physical Check  
 Name/Employee Code *Pallavi Naik*  
 Centre Name *T. H. Siddapura*  
 Date/Time *8/06/2024*  
 Signature *[Signature]* M. No. *7090609181*



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
<b>Total:</b>	<b>800.00</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

Tax Amount (in words) : **INR Forty Only**  
 Remarks:  
 BILL NO : 178  
 Declaration  
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Customer's Seal and Signature

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. & HDFC0000337**

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

