

Tax Invoice

(ORIGINAL FOR RECIPIENT)

ANCHOR FAB
 B - 42, 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.
 C-185, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi,
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCDD0204K1Z1
 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 : 07AAFCDD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. **AF 018 23-24**
 Delivery Note
 Reference No. & Date
 Invoice Date No. **61-012023-22403-1**
 Dispatch Doc No.
 Dispatched through
 Bill of Lading/LR-BR No.
 Terms of Delivery

Date **19-Apr-23**
 Mode/Terms of Payment
 Other References
 Date **18-Apr-23**
 Delivery Note Date
 Destination
REWARA
 Motor Vehicle No.
DL03CCH0214

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	4 Set	400.00	Set	1,600.00
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	6204	4 Set	400.00	Set	1,600.00
						3,200.00
						80.00
						80.00

SGST
CGST

Stock/No. of Boxes Received PKT
 Subject to Physical Check
 Name/Employee Code Neha DC2613
 Centre Name Ch. Kauran
 Date/Time 25-4-23
 Signature Neha M. No. 8006000461

Total 8 Set ₹ 3,360.00
E. & O.E

Amount Chargeable (in words)
INR Three Thousand Three Hundred Sixty Only

Remarks:
 BILL NO 48
 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

