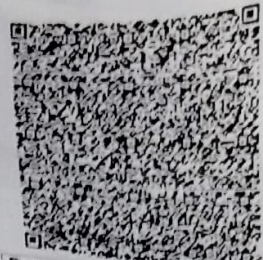


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice

IRN : 60649107f33dbc207ed80c80aae21ef0554a84c6762a1e-  
 50ecf5dbe92d13a872  
 Ack No. : 172414371137627  
 Ack Date : 8-Feb-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.**  
 CIVIL HOSPITAL JIND, GOHANA ROAD JIND  
 Haryana - 126102, 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/835/23-24**  
 Delivery Note  
 Reference No. & Date.  
 Buyer's Order No.  
**23-022024-25111**  
 Dispatch Doc No.  
 Dispatched through  
 Bill of Lading/LR-RR No.  
 Terms of Delivery

Dated  
**8-Feb-24**  
 Mode/Terms of Payment  
 Other References  
 Dated  
**7-Feb-24**  
 Delivery Note Date  
 Destination  
**JIND**  
 Motor Vehicle No.  
**DL03CCH0214**

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>UNIFORM PANT SHIRT SET</b> SHIRT & TROUSER MALE XL	620429	1 Set	850.00	Set	850.00
	SGST 2.5%					21.25
	CGST 2.5%					21.25
	Stock/No. of Boxes Received ..... 1 Set .....					
	Subject to Physical Check					
	Name/Employee Code ..... Shubham .....					
	Centre Name ..... DCDC Civil Jind .....					
	Date/Time ..... 18/02/24 .....					
	Signature ..... [Signature] M. No. 8195012840					
	Total		1 Set			₹ 892.50

Amount Chargeable (in words) : **INR Eight Hundred Ninety Two and Fifty paise Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
850.00	2.50%	21.25	2.50%	21.25	42.50
<b>Total:</b> 850.00		<b>21.25</b>		<b>21.25</b>	<b>42.50</b>

Tax Amount (in words) : **INR Forty Two and Fifty paise Only**

Remarks: BILL NO 835

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 JIND, PIN 126102 & HDFC0000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_

