

Tax Invoice

(ORIGINAL FOR RECIPIENT)

ANCHOR FAB

B - 4/2, 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.
 DISTRICT HOSPITAL FARRUKHABAD,
 FARRUKHABAD UP
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 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/224/23-24	Dated 3-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 84-062023-22872-10	Dated 15-Jun-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination FARRUKHABAD UP
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	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM ✓	6204	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL ✓	6204	2 Set	400.00	Set	800.00
						1,600.00
SGST						40.00
CGST						40.00
Total						4 Set

Amount Chargeable (in words) **INR One Thousand Six Hundred Eighty Only** ₹ **1,680.00** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:	1,600.00		40.00		40.00	80.00

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

Remarks:
BILL NO 224

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 & HDEC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____

This is a Computer Generated Invoice

