

**Tax Invoice**

(ORIGINAL FOR RECIPIENT)

<b>ANCHOR FAB</b> 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)	Invoice No. <b>AF/275/23-24</b>	Dated <b>12-Jul-23</b>
	Delivery Note	Mode/Terms of Payment
<b>DCDC Health Services Pvt Ltd.</b> DISTRICT HOSPITAL FARRUKHABAD, . Delhi - 110064, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Delhi, Code : 07	Reference No. & Date.	Other References
	Buyer's Order No. <b>84-072023-23165</b>	Dated <b>5-Jul-23</b>
Dispatch Doc No.	Delivery Note Date	
Dispatched through	Destination <b>FARRUKHABAD</b>	
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>	
Terms of Delivery		

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT MEDIUM</b> BLUE UNIFORM MEDIUM  SGST 2.5% CGST 2.5%	6204	4 Set	400.00	Set	1,600.00
<b>Total</b>						<b>₹ 1,680.00</b>

Amount Chargeable (in words) **INR One Thousand Six Hundred Eighty Only** 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
<b>Total:</b>		<b>40.00</b>		<b>40.00</b>	<b>80.00</b>

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

Remarks:  
 BILL NO.275

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

This is a Computer Generated Invoice

