

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.
 CIVIL HOSPITAL HISAR, TAYAL BAGH COLONY
 BUS STAND HISAR
 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/200/23-24	Dated 22-Jun-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 27-062023-22810-4	Dated 7-Jun-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination HISAR
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 LARGE BLUE UNIFORM LARGE	6204	2 Set	400.00	Set	800.00	
						1,600.00	
SGST						40.00	
CGST						40.00	
Total						4 Set	₹ 1,680.00

Amount Chargeable (in words)

INR One Thousand Six Hundred Eighty Only

E. & O.E

	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax 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 200

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 ANANOMAYI MARG OKHALA INDL PH-2 & HDFC0000337**

Customer's Seal and Signature

for **ANCHOR FAB**

Prepared by

Verified by

Authorised Signatory

Stock/No. of Boxes Received **I**

Subject to Physical Check

Name/Employee Code **Rohit/DC00097**

Centre Name **HISAR**

Date/Time **21/06/23 10:00 AM**

Signature **[Signature]** M. No. **850600594**

This is a Computer Generated Invoice