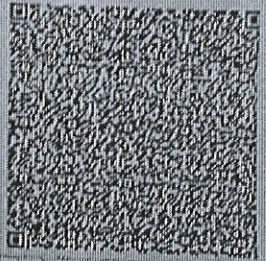


Backend Entry

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 7d619004cb683e110cc4a77a0ae38f5ce6ae88d9a542fa-14f97d385albc11031  
Ack No. : 172313629422334  
Ack Date : 11-Oct-23

**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.**  
Kaira Hospital, Kirti Nagar  
Delhi - 110015, India  
GSTIN/UIN : 07AAFCD0204K1Z1  
State Name : Delhi, Code : 07  
Consignee (Bill to)  
**DCDC Health Services Pvt Ltd.**  
G-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. <b>AF/517/23-24</b> Delivery Note	Dated <b>11-Oct-23</b> Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>8-102023-23850</b> Dispatch Doc No.	Dated <b>10-Oct-23</b> Delivery Note Date
Dispatched through	Destination <b>KIRTI NAGAR</b> Motor Vehicle No. <b>DL03CCH0214</b>
Bill of Lading/LR-RR No.	
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
						1,600.00
Stock/No. of Boxes Received .....						
Subject to Physical Check						SGST
Name/Employee Code .....						CGST
Centre Name .....						
Date/Time .....						
Signature .....						
Total						4 Set
						₹ 1,680.00

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

	Taxable Value		Central tax		State tax		Total Tax Amount
	Value	Rate	Amount	Rate	Amount		
	1,600.00	2.50%	40.00	2.50%	40.00	80.00	
<b>Total:</b>	<b>1,600.00</b>		<b>40.00</b>		<b>40.00</b>	<b>80.00</b>	

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

Remarks:  
BILL NO.517  
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

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



This is a Computer Generated Invoice