

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

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.
 CURESTA GLOBAL HOSPITAL, NEAR SURENDRA
 NATH SCHOOL
 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/095/23-24	Dated 10-May-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 130-052023-22512-1	Dated 4-May-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination Curesta Global Hospital
Bill of Lading/LR-RR No.	Motor Vehicle No. DL3CCH0214
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	4 Set	400.00	Set	1,600.00
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	6204	4 Set	400.00	Set	1,600.00
3	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	6204	2 Set	400.00	Set	800.00
						4,000.00
SGST						100.00
CGST						100.00
Total						10 Set
						₹ 4,200.00

Stock/No. of Boxes Received **1**
 Subject to Physical Check
 Name/Employee Code **DC02217**
 Centre Name **THE CURESTA HOSPITAL**
 Date/Time **17/05/23 6:30 PM**
 Signature **[Signature]** M. No. **9504889041**

Amount Chargeable (in words) **INR Four Thousand Two Hundred Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	4,000.00	2.50%	100.00	2.50%	100.00	200.00
Total:	4,000.00		100.00		100.00	200.00

Tax Amount (in words) : **INR Two Hundred Only**

Remarks:
 BILL NO 95
 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 _____

Authorized Signatory

