

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-invoice



IRN : e389ee9bbaf8338545ceb0ab9a88913cb6bf173c44473-c7b1d57398d55f603eb  
 Ack No. : 172415970211057  
 Ack Date : 8-Oct-24

<b>ANCHOR FAB</b> 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	Invoice No. <b>AF/523/24-25</b>	Dated <b>8-Oct-24</b>
	Delivery Note	Mode/Terms of Payment
Consignee (Ship to) <b>DCDC Health Services Pvt Ltd.</b> DIST HOSPITAL KUSHINAGER, RAVINDARA DHUS PADRAUNA Uttar Pradesh - 274304, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 Buyer (Bill to) <b>DCDC Health Services Pvt Ltd.</b> 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	Reference No. & Date.	Other References
	Buyer's Order No. <b>54-102024-27908</b>	Dated <b>4-Oct-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination <b>KUSHINAGER</b>
	Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL2FS0010</b>
	Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	10 Set	400.00	Set	4,000.00
						100.00
						100.00
	Stock/No. of Boxes Received ..... 1 box ..... Subject to Physical Check 10/10 Name/Employee Code ..... D600240 ..... Centre Name ..... DCDC Health Services Pvt Ltd ..... Date/Time ..... 22/10/24 ..... Signature ..... <i>[Signature]</i> M. No. 9084514047					
	Total		10 Set			₹ 4,200.00

Amount Chargeable (in words) E. & O.E

**INR Four Thousand Two Hundred Only**

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
<b>Total:</b>		<b>100.00</b>		<b>100.00</b>	<b>200.00</b>

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

Remarks:  
 BILL NO.523  
 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 & HDCC000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_  
 Authorised Signatory

