

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : a23f0b30e0074d480cf2e3426deeb493e0f172a2b2fba3-7e1a3cbb9bc4553a85  
 Ack No. : 172415610663699  
 Ack Date : 17-Aug-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 Consignee (Ship to) <b>DCDC Health Services Pvt Ltd.</b> KCGMC KARNAL, MODEL TOWN KARNAL Haryana - 132001, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Haryana, Code : 06 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	Invoice No.	Dated
	AF/385/24-25	17-Aug-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	82-082024-26912	5-Aug-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
Bill of Lading/LR-RR No.	Motor Vehicle No.	
	DL3CCH0214	
Terms of Delivery		

SI 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	4 Set	400.00	Set	1,600.00
3	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	2 Set	400.00	Set	800.00
						3,200.00
						80.00
						80.00
Total						₹ 3,360.00

Stock/No. of Boxes Received ..... 1 .....  
 Subject to Physical Check  
 Name/Employee Code .....  
 Centre Name ..... KARNAL  
 Date/Time ..... 22/8/24  
 Signature ..... M. No. 6929548744

SGST  
CGST

E. & O.E

Amount Chargeable (in words)  
**INR Three Thousand Three Hundred Sixty Only**

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	3,200.00	2.50%	80.00	2.50%	80.00	160.00
<b>Total:</b>	<b>3,200.00</b>		<b>80.00</b>		<b>80.00</b>	<b>160.00</b>

Tax Amount (in words) : **INR One Hundred Sixty Only**

Remarks:  
 BILL NO : 385  
 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**  
 for **ANCHOR FAB**

Customer's Seal and Signature

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

Authorised Signatory