



IRN : dd40c0230a79890ff601107797959613bb9c591f16d728-
 b6d86072de07e286b0
 Ack No : 172414177936901
 Ack Date : 8-Jan-24

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.
TARAK HOSPITAL, DWARKA NEW DELHI
 Delhi - 110059, 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/746/23-24**
 Dated : **8-Jan-24**
 Delivery Note :
 Mode/Terms of Payment :
 Reference No. & Date :
 Other References :
 Buyer's Order No : **12-012024-24705**
 Dated : **5-Jan-24**
 Dispatch Doc No :
 Delivery Note Date :
 Dispatched through :
 Destination : **DWARKA NEW DELHI**
 Bill of Lading/LR-RR No. :
 Motor Vehicle No. : **DL03CCI10214**
 Terms of Delivery :

No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	4 Set	400.00	Set	1,600.00

SGST 2.5% : 40.00
 CGST 2.5% : 40.00

(Signature)
 D. N. SINGH
 R. No. _____
 DMO (Dept. of Nephrology)
 C/O DCDC Health Service Pvt. Ltd.
 Tarak Hospital

Stock/No. of Boxes Received : **1 Pkt**
 Subject to Physical Check
 Name/Employee Code : **Praveen K**
 Centre Name : **Tarak Hospital**
 Date/Time : **4 PM 11-1-2024**
 Signature : *(Signature)* M. No. : **8929037740**

Total : **4 Set** ₹ **1,680.00**
 E. & O.E

Amount Chargeable (in words)
INR One Thousand Six Hundred Eighty Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:		40.00		40.00	80.00

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

Remarks:
 BILL NO 746

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 OKHLA**

Customer's Seal and Signature



Prepared by : _____ Verified by : _____
 Authorised Signatory

This is a Computer Generated Invoice