

# Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : c4afb49a7b96861586cc652cae3d244f75adad86309a1-13b4477d78a942501e7  
 Ack No. : 172415397924712  
 Ack Date : 15-Jul-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> GGH GODAVARIKHANI, DISTT. PEDDAPALI Telangana - 505209, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Telangana, Code : 36 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. <b>AF/287/24-25</b>	Dated <b>15-Jul-24</b>
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No. <b>142-072024-26571</b>	Dated <b>4-Jul-24</b>
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination <b>TELANGANA</b>
	Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	<b>4 Set</b>	400.00	Set	1,600.00
						40.00
						40.00
						SGST 2.5%
						CGST 2.5%
						Stock/No. of Boxes Received ..... <i>1 Box</i>
						Subject to Physical Check
						Name/Employee Code ..... <i>Ravinder</i>
						Centre Name : Godavari Khani
						Date/Time ..... <i>15 Jul</i>
						Signature ..... <i>Ravinder</i> M. No. <i>8500175310</i>
						Total <b>4 Set</b> ₹ <b>1,680.00</b>

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
<b>Total: 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 : 287  
 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 \_\_\_\_\_

This is a Computer Generated Invoice

