

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 74e52d2bcdec4aae38c7019304e68d269630af2f56d82-026723482b9174fb3d0
 Ack No. : 172415919332678
 Ack Date : 1-Oct-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. DIST HOSPITAL MUZAFFAR NAGER, LADDHAWALA MUZAFFARNAGER Uttar Pradesh - 251001, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 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.	Dated
	AF/477/24-25	1-Oct-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	44-092024-27443	4-Sep-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR;RR No.	Motor Vehicle No.
		DL2FS0010
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	1 Set	850.00	Set	850.00
						21.25
						21.25
						SGST 2.5%
						CGST 2.5%
						Total
			1 Set			₹ 892.50

Stock/No. of Boxes Received... *O.P.K.T.*
 Subject to Physical Check *OK*
 Name/Employee Code... *S.D.*
 Centre Name... *Muzaffar Nagar*
 Date/Time... *21/10/24*
 Signature... *[Signature]* M. No... *965472694*

Amount Chargeable (in words) **INR Eight Hundred Ninety Two and Fifty paise Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
850.00	2.50%	21.25	2.50%	21.25	42.50
Total:		21.25		21.25	42.50

Tax Amount (in words) : **INR Forty Two and Fifty paise Only**

Remarks: BILL NO 477
 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 _____
 Authorised Signatory

