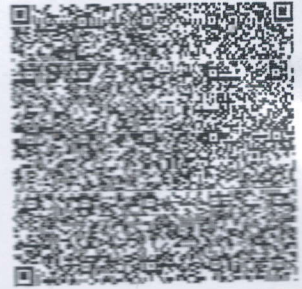


Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : ede27c1f145d47502512597b9a06d404d896196cbc3b8-4539f24584ac1f9d3c7
 Ack No. : 172415609891694
 Ack Date : 17-Aug-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 SIDDHARTHA NAGER, MUDILA NAUGARH Uttar Pradesh - 272207, 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/368/24-25	17-Aug-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	53-072024-26663	4-Jul-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
		DL3CCH0214
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount	
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	5 Set	400.00	Set	2,000.00	
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	5 Set	400.00	Set	2,000.00	
3	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE XL	620429	2 Set	850.00	Set	1,700.00	
						5,700.00	
						142.50	
						142.50	
Stock/No. of Boxes Received 1 Box Subject to Physical Check Name/Employee Code DC02625 Centre Name Sidharth Nagar Date/Time 26/8/24 Signature <i>Praveen Singh</i> M. No. 9140607532							
Total						12 Set	₹ 5,985.00

Amount Chargeable (in words) **INR Five Thousand Nine Hundred Eighty Five Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
5,700.00	2.50%	142.50	2.50%	142.50	285.00
Total:		142.50		142.50	285.00

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

Remarks:
 BILL NO : 368
 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 _____

This is a Computer Generated Invoice

