

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 3fb2515f330cb35496516f749000af7308f24a7ce0fb7e0-
 c1f338a7209f94167
 Ack No. : 172415970002332
 Ack Date : 8-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.
 NHS HOSPITAL, KAPURTHALA ROAD HARDEV
 NAGER JALANDHAR
 Punjab - 144008, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Punjab, Code : 03

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/533/24-25	Dated 8-Oct-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 231-102024-27822-12	Dated 1-Oct-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination JALANDHAR
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	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	6 Set	400.00	Set	2,400.00
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	6 Set	400.00	Set	2,400.00
						4,800.00
						120.00
						120.00
Stock/No. of Boxes Received 12 Suit Subject to Physical Check Name/Employee Code Centre Name Date/Time Signature M. No. 9877761647						
Total						₹ 5,040.00

Amount Chargeable (in words) **INR Five Thousand Forty Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
4,800.00	2.50%	120.00	2.50%	120.00	240.00
Total:		120.00		120.00	240.00


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

Remarks:
 BILL NO.533
 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 2424 HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____


 Authorised Signatory