

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 216aa2fb5d6e3f2725c2b6d37a21700a673f0688b715385-  
 fac5805b2705ebc71  
 Ack No. : 172414561124664  
 Ack Date : 8-Mar-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.**  
 TH HALIYAL, TLUKA HOSPITAL HALIYAL KANNADA  
 Karnataka - 581329, India  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Karnataka, Code : 29  
 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. <b>AF/897/23-24</b>	Dated <b>8-Mar-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>198-032024-25317</b>	Dated <b>5-Mar-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>KANNADA</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT MEDIUM</b> BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00

SGST 2.5%  
 CGST 2.5%

20.00  
 20.00



Stock/No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

Amount Chargeable (in words)

**INR Eight Hundred Forty Only**

2 Set **₹ 840.00**  
 E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
800.00	2.50%	20.00	2.50%	20.00	40.00
<b>Total:</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

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

Remarks:  
**BILL NO : 897**

**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

