

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : c158f45990e41677acdd3d72be3830535568656105b45-0f265024416be12ce16
 Ack No. : 172415117639492
 Ack Date : 3-Jun-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, DIST, HOSPITAL ROORKEE RD LADDHAWALA 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/180/24-25	3-Jun-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	44-052024-26006	4-May-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
		DL03CCH0214
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
						20.00
						20.00
	Stock/No. of Boxes Received <i>1 box</i> Subject to Physical Check <i>OK</i> Name/Employee Code <i>Som</i> Centre Name <i>Muzaffar Nager UNIT</i> Date/Time <i>8.6.24</i> Signature <i>[Signature]</i> M. No. <i>968472042</i>					
			2 Set			₹ 840.00

Amount Chargeable (in words) **INR Eight Hundred Forty Only** 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
Total:	800.00		20.00		20.00	40.00

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

Remarks:
 BILL NO : 180
 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

