

Tax invoice

(DUPLICATE FOR TRANSPORTER)

e-invoice



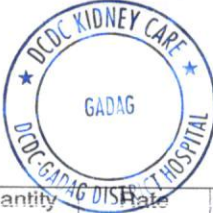
IRN : 9981ef340735f9547d120b7aa6902497f0b5b35f1374a5-ec6c7a916c3b35268e
 Ack No. : 172415969872560
 Ack Date : 8-Oct-24

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.
 GADAG DIST HOSPITAL, MALLASAMUDRA ROAD
 GADAG
 Karnataka - 582103, 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. AF/518/24-25	Dated 8-Oct-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 166-102024-27887	Dated 4-Oct-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination KARNATAKA
Bill of Lading/LR-RR No.	Motor Vehicle No. DL2FS0010
Terms of Delivery	



SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00
						2,400.00
						60.00
						60.00
SGST 2.5%						
CGST 2.5%						
Total						₹ 2,520.00

Stock/No. of Boxes Received 1 Box
 Subject to Physical Check
 Name/Employee Code PC03370
 Centre Name Gadag, DH
 Date/Time 07/10/24
 Signature [Signature] M. No.

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

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	2,400.00	2.50%	60.00	2.50%	60.00	120.00
Total:	2,400.00		60.00		60.00	120.00

Tax Amount (in words) : **INR One Hundred Twenty Only**

Remarks:
 BILL NO.518
 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 ANANDMAVI MARG OKHALA INDL PH-2 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____ Authorised Signatory _____

