

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : cfd12bcc52536cf6e4a182dc4df0068068747e7ddf64ca-10c68de7f4e33383e6  
 Ack No. : 172414370416536  
 Ack Date : 8-Feb-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 SIDHARTH NAGER,  
 SIDDHARTHA NAGER 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. <b>AF/830/23-24</b>	Dated <b>8-Feb-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>53-022024-25082</b>	Dated <b>6-Feb-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>NAUGARH</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	5 Set	400.00	Set	2,000.00
						50.00
						50.00
						SGST 2.5%
						CGST 2.5%
						<b>₹ 2,100.00</b>
			<b>5 Set</b>			<b>₹ 2,100.00</b>

Stock/No. of Boxes Received ... Yes .....  
 Subject to Physical Check  
 Name/Employee Code ... 020625 .....  
 Centre Name ... Siddhartha Nager .....  
 Date/Time ... 8/2/24 .....  
 Signature ... [Signature] M. No. ... 9140607533 .....

Amount Chargeable (in words)  
**INR Two Thousand One Hundred Only**

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	2,000.00	2.50%	50.00	2.50%	50.00	100.00
<b>Total:</b>	<b>2,000.00</b>		<b>50.00</b>		<b>50.00</b>	<b>100.00</b>

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

Remarks:  
 BILL NO 830

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 \_\_\_\_\_

