

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

**ANCHOR FAB**

B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11  
 GST NO. 07ABAPS2131D1Z7  
 Delhi - 110020, India  
 GSTIN/UIN: 07ABAPS2131D1Z7  
 State Name : Delhi, Code : 07  
 E-Mail : pulkit77@hotmail.com  
 Consignee (Ship to)

**DCDC Health Services Pvt Ltd.**

DH, SIRCILLA  
 Delhi - 110064, India  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Delhi, Code : 07

**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/293/23-24</b>	Dated <b>12-Jul-23</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>143-072023-23229</b>	Dated <b>12-Jul-23</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>AMBEDKAR CHOWK</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	6204	<b>10 Set</b>	400.00	Set	<b>4,000.00</b>
2	<b>SKY BLUE SCRUB SUIT LARGE</b> BLUE UNIFORM LARGE	6204	<b>5 Set</b>	400.00	Set	<b>2,000.00</b>
						<b>6,000.00</b>
<b>SGST 2.5%</b>						<b>150.00</b>
<b>CGST 2.5%</b>						<b>150.00</b>
<b>Total</b>			<b>15 Set</b>			<b>₹ 6,300.00</b>

Stock/No. of Boxes ..... 15 *pis*  
 Subject to Phytosanitary Certificate .....  
 Name/Engr. Name ..... Naraj  
 Centre Name ..... Sircilla  
 Date/Time ..... 10/7/23  
 Signature ..... [Signature] M. No. ....

Amount Chargeable (in words)

**INR Six Thousand Three Hundred Only**

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	6,000.00	2.50%	150.00	2.50%	150.00	300.00
<b>Total:</b>	<b>6,000.00</b>		<b>150.00</b>		<b>150.00</b>	<b>300.00</b>

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

Remarks:  
 BILL NO 293

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 & HDCE0000337**

Customer's Seal and Signature

Stock/No. of Boxes .....  
 Subject to .....  
 Name/Engr. Name .....  
 Centre Name .....  
 Date/Time .....  
 Signature .....

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_

This is a Computer Generated Invoice

