Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice

IRN : **7b4f5bf3176286c09a464990765ee8cd937f5188c4044b-97689f432177c83556**
Ack No. : **172414752201248**
Ack Date : **6-Apr-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	Invoice No. **AF/056/24-25** Dated ***6-Apr-24***
	Delivery Note Mode/Terms of Payment
	Reference No. & Date. Other References
	Buyer's Order No. **158-042024-25769** Dated **5-Apr-24**
	Dispatch Doc No. Delivery Note Date
	Dispatched through Destination **KARNATAKA**
	Bill of Lading/LR-RR No. Motor Vehicle No. **DL03CCH0214**
Consignee (Ship to) **DCDC Health Services Pvt Ltd.** TH HANGAL, TALUKA GOVT HOSPITAL Karnataka - 581104, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Karnataka, Code : 29	Terms of Delivery
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	

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**
	SGST 2.5%					**20.00**
	CGST 2.5%					**20.00**
	Total		**2 Set**			**₹ 840.00**

Amount Chargeable (in words) *E. & O.E*
INR Eight Hundred Forty Only

	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 :56

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**

for **ANCHOR FAB**

Customer's Seal and Signature
Stock/No. of Boxes Received ....01.....
Subject to Physical Check
Name/Employee Code.....
Centre Name ....T.H. Hangal.....
Date/Time 12/4/2024.....
Signature .....M. No.....

Prepared by Verified by Authorised Signatory

This is a Computer Generated Invoice

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