

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)

Invoice No. AF/228/23-24	Dated 3-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 58-062023-22887-7	Dated 15-Jun-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination PRAYAGRAJ
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

DCDC Health Services Pvt Ltd.
 DISTRICT HOSPITAL PRAYAGRAJ, NAKASH
 KOHNA MIURABAD PRAYAGRAJ UP
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

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

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	5 Set	400.00	Set	2,000.00
						50.00
						50.00
						SGST
						CGST
						Total
			5 Set			₹ 2,100.00

Amount Chargeable (in words)
INR Two Thousand One Hundred Only E. & O.E

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

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

Remarks:
 BILL NO 228

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 _____

for ANCHOR FAB
 Authorised Signatory



This is a Computer Generated Invoice

Stock/No. of Boxes Received **1**

Physical Check

Employee Code **DC02718**

Signature _____ M. No. _____

Subject to Physical Check