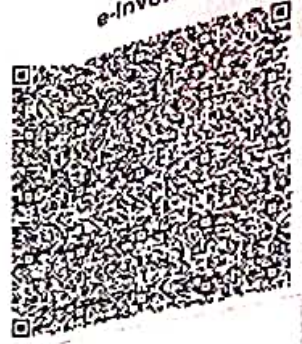


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 7d5599d3cb0229bc10b4f30deb0a7ed5b4ece7e252355-
 Ack No. : 17c26d7c8ab77b12193
 Ack Date : 172313960923200
 : 4-Dec-23

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 FARRUKHABAD, FARRUKHABAD
 Uttar Pradesh - 209625, 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. **AF/636/23-24**
 Delivery Note
 Reference No. & Date.
 Buyer's Order No. **84-112023-24324-9**
 Dispatch Doc No.
 Dispatched through
 Bill of Lading/LR-RR No.
 Terms of Delivery
 Dated **4-Dec-23**
 Mode/Terms of Payment
 Other References
 Dated **10-Nov-23**
 Delivery Note Date
 Destination
FARRUKHABAD
 Motor Vehicle No.
DL03CCH0214

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
						42.50
						42.50
						SGST 2.5%
						CGST 2.5%
						Total
			2 Set			₹ 1,785.00

Stock/No. of Boxes Received **1 PAIR**
 Subject to Physical Check
 Name/Employee Code **ZAFIEN**
 Centre Name **FARRUKHABAD**
 Date/Time **12/11/23**
 Signature **[Signature]** M. No. **[Handwritten]**

Amount Chargeable (in words)
INR One Thousand Seven Hundred Eighty Five Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,700.00	2.50%	42.50	2.50%	42.50	85.00
Total:		1,700.00		42.50	85.00

Tax Amount (in words) : **INR Eighty Five Only**
 Remarks:
 BILL NO 636
 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 _____

This is a Computer Generated Invoice

