

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

ANCHOR FAB
 B - Phase II Industrial Area, Phase-II, New Delhi-11
 GSTIN: 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.
 C-185, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi,
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Haryana, Code : 06
 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/058/23-24**
 Dated **19-Apr-23**
 Delivery Note
 Mode/Terms of Payment
 Reference No. & Date. Other References
 Buyer's Order No. Dated
60-042023-22393-1 **17-Apr-23**
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
 Bill of Lading/LR-RR No. Motor Vehicle No.
DL03CCH0214
 Terms of Delivery

SI No	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER FEMALE XL	6204	2 Set	850.00	Set	1,700.00
						42.50
						42.50
						SGST
						CGST

DCDC HSPL CENTRE-CIVIL HOSPITAL, NARNAUL
MATERIAL RECEIVED
 DATE: 25/4/23
 TIME: 4.45 PM RECEIVED BY: *[Signature]*

Total 2 Set ₹ 1,785.00
 E. & O.E

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

Remarks:
 BILL NO 58
 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 : **KAA ANANDMAYI MARG OKHALA INDL PH-II, NDZ-1100337**

Customer's Seal and Signature

Prepared by Verified by



This is a Computer Generated Invoice