

Tax Invoice

(ORIGINAL FOR RECIPIENT)

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.
 RUBY GENERAL HOSPITAL
 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

Invoice No. AF/276/23-24	Dated 12-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 39-072023-23158	Dated 5-Jul-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination KOLKATA
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	SKY BLUE SCRUB SUIT XXXL BLUE UNIFORM XXXL	6204	2 Set	400.00	Set	800.00
2	UNIFORM PANT SHIRT SET FEMALE XL	6204	2 Set	850.00	Set	1,700.00
						2,500.00
						62.50
						62.50
SGST 2.5%						
CGST 2.5%						
Total						4 Set
						₹ 2,625.00

Amount Chargeable (in words) **INR Two Thousand Six Hundred Twenty Five Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	2,500.00	2.50%	62.50	2.50%	62.50	125.00
Total:	2,500.00		62.50		62.50	125.00

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

Remarks:
 BILL NO.276
 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
 Stock/No. of Boxes Received **01...P.Kh**
 Subject to Physical Check **DC00645 (Rapi'shil)**
 Name/Employee Code
 Centre Name
 Date/Time **15/07/23 14:00**
 Signature **Rapi** M. No. **923746983**

Prepared by _____ Verified by _____



This is a Computer Generated Invoice