

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 88bbf071dadb0f867b59e0032c56c402bb2960fb53aba-999138cbcf4f07cb9cc
 Ack No. : 172414751102773
 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

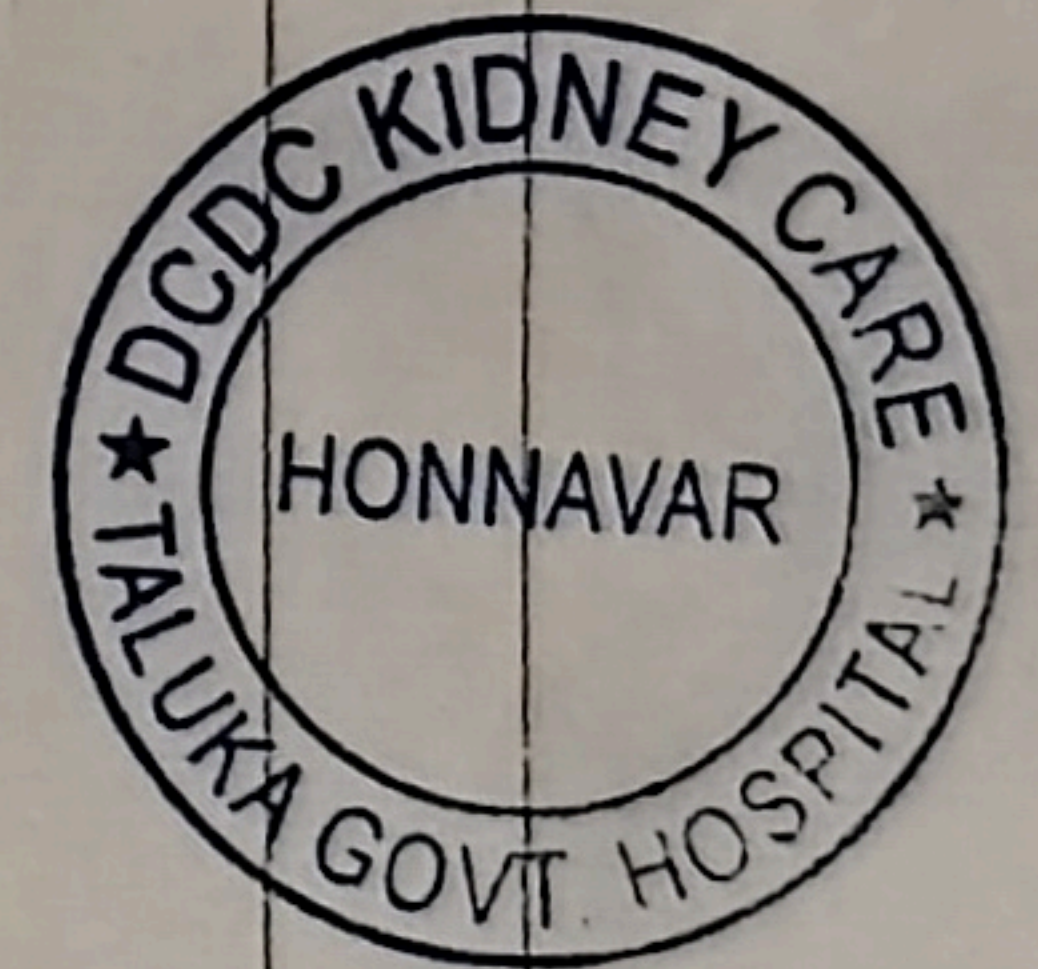
Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 TH HONNAVAR TALUKA GOVT HOSPITAL,
 VILLAGE SALKOD
 Karnataka - 581334, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Karnataka, Code : 29
 Buyer (Bill to)
DCDC Health Services Pvt Ltd.
 C-185, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi.
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. AF/037/24-25	Dated 6-Apr-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 160-032024-25677	Dated 18-Mar-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination KARNATAKA
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	14 Set	400.00	Set	5,600.00
	SGST 2.5%					140.00
	CGST 2.5%					140.00
	Total		14 Set			₹ 5,880.00

Signature M. No.
 Date/Time
 Centre Name
 Name/Employee Code
 Subject to Physical Check
 Subject to Physical Check
 Stock/No. of Boxes Received

Stock/No. of Boxes Received **01**
 Subject to Physical Check
 Name/Employee Code **Padmasree**
 Centre Name **Honnava**
 Date/Time **15/4/24**
 Signature **Red** M. No.



Amount Chargeable (in words) **INR Five Thousand Eight Hundred Eighty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	5,600.00	2.50%	140.00	2.50%	140.00	280.00
Total:	5,600.00		140.00		140.00	280.00

Tax Amount (in words) : **INR Two Hundred Eighty Only**

Remarks:
 BILL NO :37
 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 IND PH-2 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

