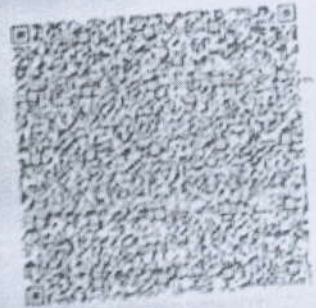


Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

HMJS Entoy Pencil



IRN : 6672c073629be25a8532e49c22bcf2e21c46cc24db809f-
 10ca9c763e266252be
 Ack No. : 172414305288643
 Ack Date : 30-Jan-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.
 DISTRICT HOSPITAL DEORIA, LITTAR PRADESH-
 274001
 Uttar Pradesh - 274001, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Uttar Pradesh, Code : 09

Invoice No. **AF/787/23-24**
 Delivery Note
 Dated **30-Jan-24**
 Mode/Terms of Payment
 Reference No. & Date
 Other References
 Buyer's Order No. **76-012024-24740**
 Dispatch Doc No.
 Dated **5-Jan-24**
 Delivery Note Date
 Dispatched through
 Destination **DEORIA**
 Bill of Lading/LR-RR No.
 Motor Vehicle No. **DL03CCH0214**
 Terms of Delivery

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

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	10 Set	400.00	Set	4,000.00
						100.00
						100.00
						SGST 2.5%
						CGST 2.5%
Total			10 Set			₹ 4,200.00 E. & O.E

Amount Chargeable (in words)
INR Four Thousand Two Hundred Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
4,000.00	2.50%	100.00	2.50%	100.00	200.00
Total:		4,000.00		100.00	200.00

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

Remarks
 BILL NO 787
 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**



Customer's Seal and Signature

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No. 7908232496

Prepared by _____ Verified by _____

This is a Computer Generated Invoice