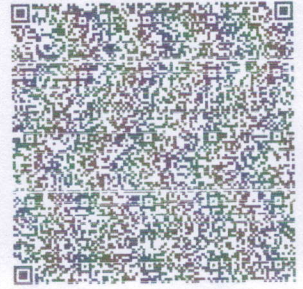


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 1178ec81781b5d15fe5580d6a542b6cc57107774d7388-6e1fe8bd1f29f6a61a5
 Ack No. : 172414562076656
 Ack Date : 8-Mar-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.
 DIST HOSPITAL RAEBARELI, MADHAV SINGH
 JILA CHIKITSALAY RAEBARELI
 Uttar Pradesh - 229001, 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/914/23-24**
 Delivery Note

Dated **8-Mar-24**
 Mode/Terms of Payment

Reference No. & Date.

Other References

Buyer's Order No. **43-032024-25397**
 Dispatch Doc No.

Dated **5-Mar-24**
 Delivery Note Date

Dispatched through

Destination **RAEBARELI**

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	2 Set	400.00	Set	800.00
						20.00
						20.00
			2 Set			₹ 840.00

Handwritten notes:
 Stock/No. of Boxes Received **1 (Packet)**
 Subject to Physical Check
 Name/Employee Code **DHRB**
 Centre Name **DCO 2031**
 Date/Time **2:28 PM - 15/3/24**
 Signature **Anya**
 M. No. **9525251995**

SGST 2.5%
CGST 2.5%

Amount Chargeable (in words) **INR Eight Hundred Forty Only**
 E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	800.00	2.50%	20.00	2.50%	20.00	40.00
Total:	800.00		20.00		20.00	40.00

Tax Amount (in words) : **INR Forty Only**
 Remarks:
 BILL NO : 914
 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 _____

Authorised Signatory

