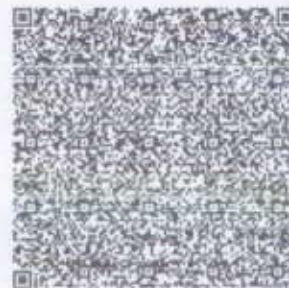


**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 679d1dc5502ee9440e99cd9f79952112eec4d525bf3d0-b2f8580a55ec1c5fbb9  
 Ack No. : 172415397904709  
 Ack Date : 15-Jul-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 AMROHA, NEAR SSP OFFICE  
 AMROHA  
 Uttar Pradesh - 244221, 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. <b>AF/302/24-25</b>	Dated <b>15-Jul-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>52-072024-26665</b>	Dated <b>4-Jul-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>AMROHA</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM SMALL	620429	<b>2 Set</b>	400.00	Set	<b>800.00</b>
						<b>SGST 2.5% 20.00</b>
						<b>CGST 2.5% 20.00</b>
			<b>Total</b>		<b>2 Set</b>	<b>₹ 840.00</b>

Stock/No. of Boxes Received ..... 1 .....  
 Subject to Physical Check  
 Name/Employee Code ..... *Sobha Dco2917* .....  
 Centre Name ..... *DCH Amroha* .....  
 Date/Time ..... *20/7/24* .....  
 Signature ..... *[Signature]* M. No. *9578868225*

Amount Chargeable (in words)  
**INR Eight Hundred Forty Only**

	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
<b>Total:</b>	<b>800.00</b>		<b>20.00</b>		<b>20.00</b>	<b>40.00</b>

Tax Amount (in words) : **INR Forty Only**

Remarks:  
 BILL NO 302

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 & HDCE0000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_ Authorised Signatory

