

**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 91cfe3873ab81b4b91eadb5da2d60f0319a5bad227abd-990120e2d3cc8474823  
 Ack No. : 172415970459718  
 Ack Date : 8-Oct-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.**  
 GOKAK TALUKA GOVT HOSPITAL, TH GOKAK  
 Karnataka - 591307, 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. <b>AF/529/24-25</b>	Dated <b>8-Oct-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>171-102024-27955</b>	Dated <b>4-Oct-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>KARNATAKA</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL2FS0010</b>
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT MEDIUM</b> BLUE UNIFORM MEDIUM	620429	<b>3 Set</b>	400.00	Set	<b>1,200.00</b>
						<b>30.00</b>
						<b>30.00</b>
			<b>Total</b>		<b>3 Set</b>	<b>₹ 1,260.00</b>



Stock/No. of Boxes Received ..... **1 Box**  
 Subject to Physical Check  
 Name/Employee Code ..... **2003589**  
 Centre Name ..... **G.H. LICE**  
 Date/Time ..... **08/10/24**  
 Signature ..... **[Signature]** M. No. **789220127**

Amount Chargeable (in words) **INR One Thousand Two Hundred Sixty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	1,200.00	2.50%	30.00	2.50%	30.00	60.00
<b>Total:</b>	<b>1,200.00</b>		<b>30.00</b>		<b>30.00</b>	<b>60.00</b>

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

Remarks:  
 BILL NO.529  
 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 PHA & HDFC0000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_