

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

ANCHOR FAB
 B - 4/2, Okhla Industrial Area, Phaso-II, Now Delhi-11
 GST NO. 07ABAPS2131D1Z7
 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 LAKHIMPUR KHIRI, POLICE
 LINE LAKHIMPUR UP 262701
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 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/272/23-24	Dated 12-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 87-072023-23188	Dated 5-Jul-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination LAKIMPUR
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	6204	2 Set	400.00	Set	800.00
						20.00
						20.00
						SGST
						CGST
						Total
			2 Set			₹ 840.00

Stock/No. of Boxes Received 2 Sets
 Subject to Physical Check
 Name/Employee Code An Sharma / 1979
 Centre Name Lakhimpur
 Date/Time 12/07/23 12:30 PM
 Signature M. No. 7309390589

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:		20.00		20.00	40.00

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

Remarks:
 BILL NO 272

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 _____

