

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-invoice



f9cd4939467058ffc0241cb4ad044b7c7721c62faf4c86d-
ac75a579a8314ea49
No : 172414371271888
Date : 8-Feb-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 MATHURA, CIVIL LINES MATHURA
Uttar Pradesh - 281001, 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/838/23-24	Dated 8-Feb-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 51-022024-25172	Dated 7-Feb-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination MATHURA
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	8 Set	400.00	Set	3,200.00
						SGST 2.5% CGST 2.5%
						80.00 80.00
			8 Set			₹ 3,360.00

Boxes Received ... 1
Physical Check
Employee Code: 02020202
Date/Time: 08/02/24
Signature: P. Singh M. No: 9833817021

Amount Chargeable (in words)
INR Three Thousand Three Hundred Sixty Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
3,200.00	2.50%	80.00	2.50%	80.00	160.00
Total:		80.00		80.00	160.00

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

Remarks:
BILL NO 838
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 INDIA & HDFC0000337**
for **ANCHOR FAB**



Prepared by _____ Verified by _____
Authorized Signatory