

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 6da916ab9cd57547cf0faf9f467974e3886abda80e5aae-8a454df9b1141bf273
 Ack No. : 172313629752077
 Ack Date : 11-Oct-23

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. REGIONAL HOSPITAL BILASPUR, HIMACHAL PARDESH Himachal Pradesh - 174001, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Himachal Pradesh, Code : 02 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.	Dated
	AF/526/23-24	11-Oct-23
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	29-102023-23932	10-Oct-23
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
	Terms of Delivery	DL03CCH0214

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER FEMALE XL	620429	2 Set	850.00	Set	1,700.00
2	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	6 Set	400.00	Set	2,400.00
						4,100.00
						SGST 102.50
						CGST 102.50
Total						₹ 4,305.00

Stock/No. of Boxes Received 01 Box
 Subject to Physical Check
 Name/Employee Code Sachin D.00300
 Centre Name R.H. Bilaspur
 Date/Time 11/10/23 11:30 AM
 Signature M. No. 71847530

Amount Chargeable (in words) **INR Four Thousand Three Hundred Five Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	4,100.00	2.50%	102.50	2.50%	102.50	205.00
Total:	4,100.00		102.50		102.50	205.00

Tax Amount (in words) : **INR Two Hundred Five Only**

Remarks:
 BILL NO.526
 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 ANANDMAVI MARG OKHALA INDL PH-2 & HDFC0000337**

Customer's Seal and Signature
 Prepared by _____ Verified by _____
 Authorised Signatory

