

Tax Invoice

(DUPLICATE OR TRANSPORTER)

e-Invoice



IRN : d12a007d1c3eef6e4f2984e03048fd1299bb7637381929-df0f745f92ea1eb000
 Ack No. : 172414750519170
 Ack Date : 6-Apr-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.
 DISTRICT HOSPITAL MATHURA, CIVIL LINES,
 MATHURA UP
 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/013/24-25 Delivery Note	Dated 6-Apr-24 Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 51-032024-25330 Dispatch Doc No.	Dated 5-Mar-24 Delivery Note Date
Dispatched through	Destination MATHURA
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	Uniform (Trouser & Shirt) Set 6204 SHIRT & TROUSER MALE XL	6204	2 Set	850.00	Set	1,700.00	
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00	
						3,300.00	
						82.50	
						82.50	
Stock/No. of Boxes Received 1 Box Subject to Physical Check Name/Employee Code DCDC 0204 Centre Name DHU Date/Time 10/04/2024 Signature [Signature] M. No. 983286201							
Total						6 Set	₹ 3,465.00

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

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
3,300.00	2.50%	82.50	2.50%	82.50	165.00
Total:		82.50		82.50	165.00

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

Remarks:
 BILL NO : 13
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 _____
 Authorised Signatory

