

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : cc4bba49c7391547a437ca01f7776b9017a19f2a9cc1f7-b9900e9c5d8007276d  
 Ack No. : 172414752466809  
 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.**  
 DIST. HOSPITAL MATHURA, CHOUBEY PARA  
 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. <b>AF/061/24-25</b>	Dated <b>6-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>51-042024-25765</b>	Dated <b>5-Apr-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>MATHURA</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT SMALL</b> BLUE UNIFORM	620429	10 Set	400.00	Set	4,000.00
						100.00
						100.00
						SGST 2.5%
						CGST 2.5%
	Stock/No. of Boxes Received ..... 1 Box					
	Subject to Physical Check					
	Name/Employee Code ..... D.C. D.S. 02109					
	Centre Name ..... D.H.U. Mathura					
	Date/Time ..... 10/04/2024					
	Signature ..... M. No. 988786202					
	Total		10 Set			₹ 4,200.00

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

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
4,000.00	2.50%	100.00	2.50%	100.00	200.00
<b>Total:</b>		<b>100.00</b>		<b>100.00</b>	<b>200.00</b>

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

Remarks:  
 BILL NO :61  
 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 PH-2 & HDFC000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_  
 Authorised Signatory

