

IRN : 772ad616ef39935b2a8968a03e5208603a97d1efd59592-8f9d5d3f6c0c1d01ca
 Ack No. : 172414369404021
 Ack 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 KASGANJ, NEAR DIST. COURT KASGANJ Uttar Pradesh - 207123, 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.	Dated
	AF/819/23-24	8-Feb-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	103-022024-25100	6-Feb-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
		KASGANJ
	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 SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
	SGST 2.5%					20.00
	CGST 2.5%					20.00
Total						₹ 840.00

Check/No. of Boxes Received
 Subject to Physical Check
 Employee Code
 Centre Name
 Date/Time
 Signature M. No. 9584802753

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:	800.00		20.00		20.00	40.00

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

Remarks:
 BILL NO 819
 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 0021 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

