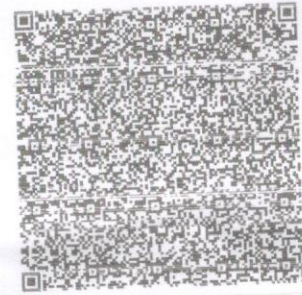


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 1413e0a400f0de7b2c87589bd7b5ed33046aa193b065d-9ef8ffcb9d9ba49313
 Ack No. : 172314061056475
 Ack Date : 20-Dec-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.

DIST. HOSPITAL MAINPURI, MAINPURI UTTAR
 PARDESH
 Uttar Pradesh - 205001, 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/672/23-24	Dated 20-Dec-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 102-122023-24636	Dated 19-Dec-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination MAINPURI
Bill of Lading/LR-RR No.	Motor Vehicle No. DL3CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
						42.50
						42.50
Total						₹ 1,785.00 E. & O.E

Stock/No. of Boxes Received ①
 Subject to Physical Check
 Name/Employee Code : Nagendra Patel (DC2210)
 Centre Name : HQ, Mainpuri (U.P.)
 Date/Time : 26-12-23 10:30 PM
 Signature : [Signature] M. No. : 7895470086

Amount Chargeable (in words)

INR One Thousand Seven Hundred Eighty Five Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
1,700.00	2.50%	42.50	2.50%	42.50	85.00
Total:		1,700.00		42.50	85.00

Tax Amount (in words) : **INR Eighty Five Only**

Remarks:
BILL NO 672

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 _____

