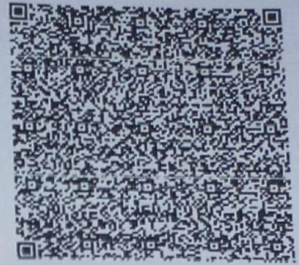


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : b3f9650aa41f00a0928d89eec179ae04b2d8faa7da1ca5-e200d50a418951eeac
 Ack No. : 172414560651329
 Ack Date : 8-Mar-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.
 TH RANIBENNUR, GGH, HALAGERI RD, RANIBENNUR
 Karnataka - 581115, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Karnataka, Code : 29
 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/891/23-24 Delivery Note	Dated 8-Mar-24 Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 197-032024-25302 Dispatch Doc No.	Dated 5-Mar-24 Delivery Note Date
Dispatched through	Destination RANIBENNUR
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	4 Set	400.00	Set	1,600.00
						SGST 2.5% 40.00
						CGST 2.5% 40.00
	Total		4 Set			₹ 1,680.00

Amount Chargeable (in words) **INR One Thousand Six Hundred Eighty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:	1,600.00		40.00		40.00	80.00

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

Remarks:
 BILL NO : 891
 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

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code Sanket S.M
 Centre Name RANIBENNUR
 Date/Time 16/03/2024
 Signature Sanket M. No. 762481220



Prepared by _____ Verified by _____
 This is a Computer Generated Invoice
 Authorised Signatory

