

Tax Invoice

(ORIGINAL FOR RECIPIENT)

ANCHOR FAB
 B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11
 GST NO. 07ABAPS2131D1Z7
 Delhi - 110020, India
 GSTIN/UIN: 07ABAPS2131D1Z7
 State Name : Delhi, Code : 07
 E-Mail : pulkit77@hotmail.com

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 DH, JANGAON DISTRICT HOSPITAL, JANGAON
 506167
 Delhi - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

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/267/23-24 | Dated 12-Jul-23 |
| Delivery Note | Mode/Terms of Payment |
| Reference No. & Date. | Other References |
| Buyer's Order No. 137-072023-23206 | Dated 5-Jul-23 |
| Dispatch Doc No. | Delivery Note Date |
| Dispatched through | Destination JANGAON |
| 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 XXL BLUE UNIFORM XXL | 6204 | 2 Set | 400.00 | Set | 800.00 |
| | | | | | | 20.00 |
| | | | | | | 20.00 |
| | | | | | | SGST |
| | | | | | | CGST |
| | | | | | | Total |
| | | | 2 Set | | | ₹ 840.00 |

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code DC02795
 Centre Name Jangaon
 Date/Time 18-07-2023
 Signature G.A.P. M. No. 9014829773

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: | | 20.00 | | 20.00 | 40.00 |

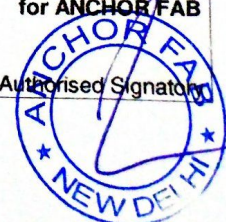
Tax Amount (in words) : **INR Forty Only**

Remarks:
 BILL NO 267
 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**

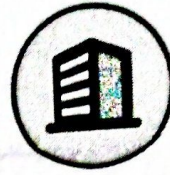
Customer's Seal and Signature _____ for **ANCHOR FAB**

Prepared by _____ Verified by _____ Authorised Signatory _____



DELIVERY NOTE

Dcdc Health Services Private Limited
Registered on 04 March 2014 | CIN: U85390DL2014PTC265804



From:
DCDC Health Services Pvt. Ltd.
C- 185, Mayapuri Industrial Area,
Phase – 2, Mayapuri,
New Delhi – 110064
Tel: 011-45581006

To,
Kind attn.: Mr. Mahesh
**DISTRICT HOSPITAL JANGAON,
DH JANAGAON
DCDC Dialysis Centre JANGAON,
NEAR VEGETABLE MARKET OPP BSNL OFFICE,
JANGAON Dist. Telangana 506167
M: 9966596472, 9014879397**

Your Order Number
Date **13.07.2023**
DC Number
Our Contact Person : **MR.
AMRENDER**
Telephone: **9014879397**

| Sr.No | Description | Qty | Unit Price | Amount |
|-------|-------------|-----|--------------|-------------|
| 1 | UNIFORM XXL | 2 | 500 | 1000 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | 1000 |

Amt in Words : ONE THOUSAND ONLY

TO WHOMSOEVER IT MAY CONCERN

The Said consignment dispatched is not for sale. Please allow the consignment reaching the destination. The said material do not have any commercial value and is meant for **internal use And NOT FOR SALE**

GOODS RECEIVED IN GOOD ORDER

| | |
|-------------------|------------------------|
| Name & Contact No | Signature & Stamp |
| | Date 18/07/2023 |

Stock/No. of Boxes Received **01**
Subject to Physical Check
Name/Employee Code **D02795**
Centre Name **Jangaon**
Date/Time **18-07-2023**
Signature **GAD** M. No. **9014879397**