

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 17b865a0a69f1e1425148be18e826dd57f8b083dd8a75b.
 a05c5189b63fa2f131
 Ack No. : 172415919291751
 Ack Date : 1-Oct-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.
 BHAGAT CHANDRA HOSPITAL, DWARKA
 MAHAVIR ENCLAVE
 Delhi - 110045, 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/475/24-25	Dated 1-Oct-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 9-092024-27409	Dated 4-Sep-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination DWARKA
Bill of Lading/LR-RR No.	Motor Vehicle No. DL2FS0010
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	620429	2 Set	400.00	Set	800.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	2 Set	400.00	Set	800.00
						1,600.00
Stock/No. of Boxes Received (1)						
Subject to Physical Check						SGST 2.5% 40.00
Name/Employee Code Manisha						CGST 2.5% 40.00
Centre Name Bhagat Chandra						
Date/Time 31.10.24 1:30 PM						
Signature Manisha M. No. 8506074008						
Total						₹ 1,680.00

Amount Chargeable (in words)

NR 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

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

Remarks:
 ILL NO :475
 I 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 INDI PH 2 & HDFC0000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____



This is a Computer Generated Invoice