

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : b2b8214b33170cd884646dd75e60a5f40aae660912eec-76932ea7e601685d7e9
 Ack No. : 172414752063286
 Ack Date : 6-Apr-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.
 GH GANDHI HOSPITAL SECBAD, MUSHEERABAD
 DIST HYDERABAD
 Telangana - 500020, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Telangana, Code : 36
 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/053/24-25	6-Apr-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
145-042024-25772	5-Apr-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	HYDERABAD
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	6 Set	400.00	Set	2,400.00
						60.00
						60.00
						SGST 2.5%
						CGST 2.5%
	Total		6 Set			₹ 2,520.00



Amount Chargeable (in words) **INR Two Thousand Five Hundred Twenty Only** E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
2,400.00	2.50%	60.00	2.50%	60.00	120.00
Total:		2,400.00		60.00	120.00

Tax Amount (in words) : **INR One Hundred Twenty Only**

Remarks:

BILL NO : 53

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 INDLB03 & HDFC0000337**

Customer's Seal and Signature

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code M. Juman Bees
 Centre Name Gandhi
 Date/Time 17-10-24
 Signature M. No.

Prepared by Verified by

This is a Computer Generated Invoice

