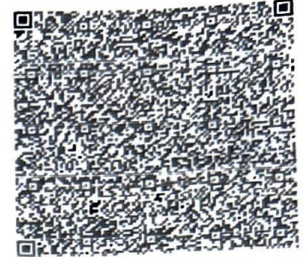


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 1e10ad3d790591da0a1f1af74a89c2773a902ba9302a1f-3bfc370b0cd6b5dd36
 Ack No. : 172314061602539
 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.
 GH, GANDHI HOSPITAL, SECBAD, 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. **AF/699/23-24** Dated **20-Dec-23**
 Delivery Note Mode/Terms of Payment
 Reference No. & Date. Other References
 Buyer's Order No. Dated
145-122023-24545 **7-Dec-23**
 Dispatch Doc No. Delivery Note Date
 Dispatched through Destination
HYDERABAD
 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	UNIFORM PANT SHIRT SET PANT -SHIRT SET MALE XXL	620429	2 Set	850.00	Set	1,700.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00
						3,300.00
						82.50
						82.50
Total						₹ 3,465.00



SGST 2.5%
CGST 2.5%

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code M. Juman / DC02582
 Centre Name Gandhi
 Date/Time 28/12/2023 - 3:00 PM
 Signature M. No.....

Amount Chargeable (in words)
INR Three Thousand Four Hundred Sixty Five Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
3,300.00	2.50%	82.50	2.50%	82.50	165.00
Total:		82.50		82.50	165.00

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

Remarks:
 BILL NO 699
 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 12 HDFC0000337**
 for ANCHOR FAB

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

