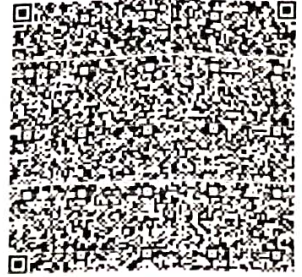


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 64021191d71192d6048ac7d6bfa196551b596f4d19a1c-4b82d4a402f0788b992
 Ack No. : 172313629932196
 Ack Date : 11-Oct-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.

CIVIL HOSPITAL NARNAUL, HARYANA 123001
 Haryana - 123001, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Haryana, Code : 06
 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/532/23-24
 Delivery Note

Dated
11-Oct-23
 Mode/Terms of Payment

Reference No. & Date.

Other References

Buyer's Order No.
60-102023-23962
 Dispatch Doc No.

Dated
10-Oct-23
 Delivery Note Date

Dispatched through

Destination
NARNAUL
 Motor Vehicle No.
DL03CCH0214

Bill of Lading/LR-RR No.

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	UNIFORM PANT SHIRT SET SHIRT & TROUSER MALE MEDIUM	620429	2 Set	850.00	Set	1,700.00
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	620429	2 Set	400.00	Set	800.00
						2,500.00
						SGST 62.50
						CGST 62.50
Total						₹ 2,625.00

Stock/No. of Boxes Received 1 box
 Subject to Physical Check *Yes*
 Name/Employee Code *Hemant Singh / DC01971*
 Centre Name *Ch. Na. Anand*
 Date/Time *16/10/2023*
 Signature *Hemant Singh*
 M. No. *9119154122*

Amount Chargeable (in words)

INR Two Thousand Six Hundred Twenty Five Only

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amount	Rate	Amount	
2,500.00	2.50%	62.50	2.50%	62.50	125.00
Total:		62.50		62.50	125.00

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

Remarks:
 BILL NO.532

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

Prepared by _____ Verified by _____



This is a Computer Generated Invoice