

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 3138c3ebb4317c9fbb4ce1733c6fe672fa90cd1990b182-
fc979bd5aa19497560
Ack No. : 172415397495548
Ack Date : 15-Jul-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)

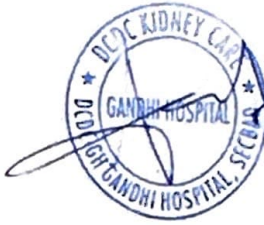
DCDC Health Services Pvt Ltd.
GH GANDHI HOSPITAL SECBAD, MUSHEERABAD
DIST HYDERABAD
Telangana - 500020, India
GSTIN/UIN : 07AAFCD0204K1Z1
State Name : Telangana, Code : 36
Buyer (Bill to)

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. **AF/272/24-25** Dated **15-Jul-24**
Delivery Note Mode/Terms of Payment
Reference No. & Date. Other References
Buyer's Order No. **145-062024-26327** Dated **4-Jun-24**
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	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	8 Set	400.00	Set	3,200.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	6 Set	400.00	Set	2,400.00
						5,600.00

SGST 2.5% 140.00
CGST 2.5% 140.00



Amount of Bill Received 01
Subject to Physical Check
Name/Employee Code M. Saman/1002882
Centre Name Gandhi
Date/Time 23-7-24 : 3:40 PM
Signature M. No.....

Total **14 Set** ₹ **5,880.00**
E. & O.E

Amount Chargeable (in words)
INR Five Thousand Eight Hundred Eighty Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
5,600.00	2.50%	140.00	2.50%	140.00	280.00
Total:		140.00		140.00	280.00

Tax Amount (in words) : **INR Two Hundred Eighty Only**

Remarks
BILL NO : 272

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

