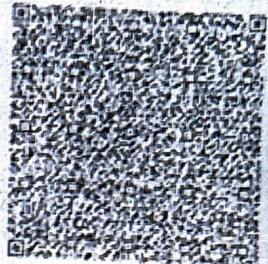


Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 1f5c4231dbaf875070d6784d2704cb061858a469564619-89cM3e9085e92d217
 Ack No. : 172414501420975
 Ack Date : 8-Mar-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

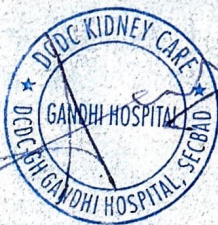
Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 GH, GANDHI HOSPITAL, MUSHEERABAD DIST.
 HYDERABAD
 Telangana - 500020, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Telangana, Code : 36

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/903/23-24**
 Delivery Note
 Dated **8-Mar-24**
 Mode/Terms of Payment
 Reference No. & Date.
 Other References
 Buyer's Order No. **145-032024-25329**
 Dispatch Doc No.
 Dated **5-Mar-24**
 Delivery Note Date
 Dispatched through
 Destination
HYDERABAD
 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	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	4 Set	400.00	Set	1,600.00

SGST 2.5% 40.00
 CGST 2.5% 40.00



Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code M. Juman / 10102882
 Centre Name Gandhi
 Date/Time 14.3.24
 Signatures M. No. _____

Total 4 Set ₹ 1,680.00
 E. & O.E

Amount Chargeable (in words)
INR One Thousand Six Hundred Eighty Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
1,600.00	2.50%	40.00	2.50%	40.00	80.00
Total:		40.00		40.00	80.00

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

Remarks:
 BILL NO : 903

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 ANANDWAI MARG OKHALA INDL PH-2 & HDFC0000337**
 for ANCHOR FAB

Customer's Seal and Signature

Prepared by _____ Verified by _____

