

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : f07f3a7dabaa252bad3331c52d8914f6f5b2e32a1d7279-97e9bcef8d3534503a
 Ack No. : 172414561710504
 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. DIST. HOSPITAL MUZAFFAR NAGER, LADDHAWALA Uttar Pradesh - 251001, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 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/908/23-24	Dated 8-Mar-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No. 44-032024-25343	Dated 5-Mar-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination MUZAFFAR NAGAR
	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 XXL BLUE UNIFORM XXL	620429	2 Set	400.00	Set	800.00
						SGST 2.5% CGST 2.5%
						20.00 20.00
	Stock/No. of Boxes Received <u>1 pkt</u> Subject to Physical Check <u>OK</u> Name/Employee Code <u>Sony</u> Centre Name <u>Muzaffar Nagar</u> Date/Time <u>13/3/24</u> Signature <u>[Signature]</u> M. No. <u>9634720910</u>					
	Total		2 Set			₹ 840.00

Amount Chargeable (in words) **INR Eight Hundred Forty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	800.00	2.50%	20.00	2.50%	20.00	40.00
Total:	800.00		20.00		20.00	40.00

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

Remarks:
 BILL NO : 908
 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