

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 915644fad5ea9a2472210cbd54d119b4b337a81d1a51d-
 ea38e58da68381e67d23
 Ack No. : 172415970426242
 Ack Date : 8-Oct-24

ANCHOR FAB
 B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11
 GST NO. 07ABAPS2131D1Z7
 ISO 9001:2015
 Delhi - 110020, India
 GSTIN/UID: 07ABAPS2131D1Z7
 State Name : Delhi, Code : 07
 E-Mail : pulkit77@hotmail.com

Consignee (Ship to)
DCDC Health Services Pvt Ltd.
 TH HIREKERUR GOVT GENRAL HOSPITAL,
 HIREKERUR
 Karnataka - 581111, India
 GSTIN/UID : 07AAFCD0204K1Z1
 State Name : Karnataka, Code : 29

Buyer (Bill to)
DCDC Health Services Pvt Ltd.
 95, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi.
 Delhi - 110064, India
 GSTIN/UID : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No.	Dated
AF/528/24-25	8-Oct-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
196-102024-27936	4-Oct-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
	KARNATAKA
Bill of Lading/LR-RR No.	Motor Vehicle No.
	DL2FS0010

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	2 Set	400.00	Set	800.00
						20.00
						20.00
						SGST 2.5%
						CGST 2.5%
						Stock/No. of Boxes Received 1... 20.00
						Subject to Physical Check
						Name/Employee Code Ganeshankari
						Centre Name Taluk Hospital Hirekerur
						Date/Time 20/10/24 5:00 PM
						Signature [Signature] M. No. 80.889.1547
	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:		20.00		20.00	40.00

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

Remarks: BILL NO.528
 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 _____
 Authorised Signatory

