

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

ANCHOR FAB

B - 4/2, Okhla Industrial Area, Phase-II, New Delhi-11
 GST NO. 07ABAPS2131D1Z7
 Delhi - 110020, India
 GSTIN/UIN: 07ABAPS2131D1Z7
 State Name : Delhi, Code : 07
 E-Mail : pulkit77@hotmail.com
 Consignee (Ship to)

DCDC Health Services Pvt Ltd.
 GLOCAL HOSPITAL BEGUSARAI, DISTT
 BEGUSARAI BIHAR.
 Bihar - 110064, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Bihar, Code : 10
 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/101/23-24 Delivery Note	Dated 10-May-23 Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 74-052023-22542-4 Dispatch Doc No.	Dated 5-May-23 Delivery Note Date
Dispatched through	Destination BIHAR
Bill of Lading/LR-RR No.	Motor Vehicle No. DL3CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	5 Set	400.00	Set	2,000.00
2	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	6204	5 Set	400.00	Set	2,000.00
						4,000.00
						100.00
						100.00
						SGST
						CGST

Total **10 Set** ₹ **4,200.00**
E. & O.E

Amount Chargeable (in words)
INR Four Thousand Two Hundred Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
4,000.00	2.50%	100.00	2.50%	100.00	200.00
Total:		100.00		100.00	200.00

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

Remarks:
 BILL NO 101
 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 Receiver
 Stock/No. of Boxes
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature
 M. No.
 8709060293

Prepared by _____ Verified by _____



This is a Computer Generated Invoice