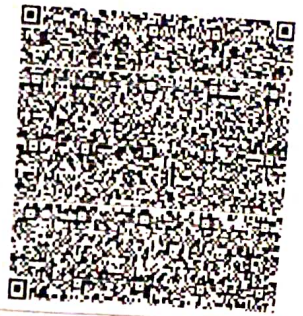


**Tax Invoice**

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : f761a3018c7c397096d4d5dc0105d8399c461b5fcd960-4b43e1f28f8a3e0e796  
 Ack No. : 172414750602560  
 Ack Date : 6-Apr-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.**  
 CIVIL HOSPITAL REWARI, REWARI HARYANA  
 Haryana - 123401, India  
 GSTIN/UIN : 07AAFCD0204K1Z1  
 State Name : Haryana, Code : 06  
 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. <b>AF/017/24-25</b>	Dated <b>6-Apr-24</b>
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. <b>61-032024-25383</b>	Dated <b>5-Mar-24</b>
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination <b>REWARI</b>
Bill of Lading/LR-RR No.	Motor Vehicle No. <b>DL03CCH0214</b>
Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>SKY BLUE SCRUB SUIT MEDIUM</b> BLUE UNIFORM MEDIUM	620429	4 Set	400.00	Set	1,600.00
	SGST 2.5%					40.00
	CGST 2.5%					40.00
	Stock/No. of Boxes Received ..... 1					
	Subject to Physical Check					
	Name/Employee Code ..... <i>Neha 0102617</i>					
	Centre Name ..... <i>Ch Rewari</i>					
	Date/Time ..... <i>10-4-24 12:24 AM</i>					
	Signature ..... <i>Neha</i> M. No. <i>850600461</i>					
	<b>Total</b>		<b>4 Set</b>			<b>₹ 1,680.00</b>

Amount Chargeable (in words) **INR One Thousand Six Hundred Eighty Only** E. & O.E

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

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

Remarks:  
 BILL NO :17  
 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** & **HDFC0000337**

Customer's Seal and Signature

Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_  
 Authorised Signatory

