

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

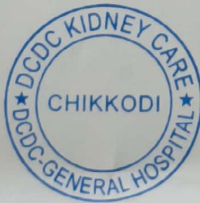
e-Invoice



IRN : bf5c3bf739b8e7e2198224a2145572dce79d62da53354-80a4aeb9797895ab8cd
 Ack No. : 172415610926251
 Ack Date : 17-Aug-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. C-185, 1st Floor, Mayapuri Industrial, Area, Phase -2, New Delhi. Karnataka - 591201, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Karnataka, Code : 29 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.	Dated
	AF/392/24-25	17-Aug-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	185-082024-26843	5-Aug-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
		DL3CCH0214
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	1 Set	400.00	Set	400.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	1 Set	400.00	Set	400.00
						800.00
						20.00
						20.00
Total						₹ 840.00



SGST
CGST

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 : 392
 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**
 for **ANCHOR FAB**

Customer's Seal and Signature

Stock/No. of Boxes Received **1**
 Subject to Physical Check
 Name/Employee Code **DC3530**
 Centre Name **CHIKKODI**
 Date/Time **27/8/24**
 Signature **[Signature]** M. No. **8880215789**

Prepared by _____ Verified by _____
 Authorised Signatory

This is a Computer Generated Invoice

