

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/UIIN: 07ABAPS2131D1Z7
 State Name : Delhi, Code : 07
 E-Mail : pulkit77@hotmail.com
 Consignee (Ship to)

DCDC Health Services Pvt Ltd.

FORD HOSPITAL, SAMNE GHAT RD BALAJI
 NAGER COLONY
 Delhi - 110064, India
 GSTIN/UIIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07

Buyer (Bill to)

DCDC Health Services Pvt Ltd.

C-185, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi.
 Delhi - 110064, India
 GSTIN/UIIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. AF/225/23-24	Dated 3-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 109-062023-22893-9	Dated 15-Jun-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination BALAJI NAGER COLONY
Bill of Lading/LR-RR No.	Motor Vehicle No. DL03CCH0214
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	4 Set	400.00	Set	1,600.00
						SGST 40.00
						CGST 40.00
Total			4 Set			₹ 1,680.00

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
Total:	1,600.00		40.00		40.00	80.00

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

Remarks:

BILL NO 225

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

