

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 73ff5a85b033b65ea215fe89749b095e673b6ccfb58dfb-27652393a14c4bde15
 Ack No. : 172414752157497
 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. FORD HOSPITAL, NEAR BHU TRAUMA CENTER BALAJI NAGER COLONY Uttar Pradesh - 221005, India GSTIN/UIN : 07AAFCD0204K1Z1 State Name : Uttar Pradesh, Code : 09 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/055/24-25	6-Apr-24
	Delivery Note	Mode/Terms of Payment
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	109042024-25770	5-Apr-24
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
	Bill of Lading/LR-RR No.	Motor Vehicle No.
		DL03CCH0214
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	Uniform (Trouser & Shirt) Set 6204 SHIRT & TROUSER FEMALE XXL	6204	1 Set	850.00	Set	850.00
						SGST 2.5% 21.25
						CGST 2.5% 21.25
						Total ₹ 892.50

Stock/No. of Boxes Received 1 Packet
 Subject to Physical Check
 Name/Employee Code Maya / D101135
 Centre Name Ford Hospital
 Date/Time 13.04.24 15:25 PM
 Signature M. No. 859595960

Amount Chargeable (in words) **INR Eight Hundred Ninety Two and Fifty paise Only**

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	850.00	2.50%	21.25	2.50%	21.25	42.50
Total:	850.00		21.25		21.25	42.50

Tax Amount (in words) : **INR Forty Two and Fifty paise Only**

Remarks:
 BILL NO :55
 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 & HDFC00060337**

Customer's Seal and Signature	Prepared by	Verified by	Authorized Signatory
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