

Tax Invoice

(ORIGINAL FOR RECIPIENT)

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.
 GH, GANDHI HOSPITAL SECBAD
 Delhi - 110064, India
 GSTIN/UIN : 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/UIN : 07AAFCD0204K1Z1
 State Name : Delhi, Code : 07
 Place of Supply : Delhi

Invoice No. AF/294/23-24	Dated 12-Jul-23
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 145-072023-23232	Dated 12-Jul-23
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination HYDERABAD
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	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	5 Set	400.00	Set	2,000.00	
2	SKY BLUE SCRUB SUIT XL BLUE UNIFORM XL	6204	2 Set	400.00	Set	800.00	
						2,800.00	
SGST 2.5%						70.00	
CGST 2.5%						70.00	
Total						7 Set	₹ 2,940.00

Amount Chargeable (in words) E. & O.E

INR Two Thousand Nine Hundred Forty Only

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	2,800.00	2.50%	70.00	2.50%	70.00	140.00
Total:	2,800.00		70.00		70.00	140.00

Tax Amount (in words) : **INR One Hundred Forty Only**

Remarks:
 BILL NO 294
 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 _____
 for **ANCHOR FAB**
 Authorised Signatory

