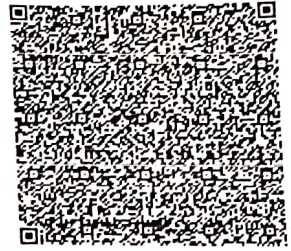


Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 4ec672ebbbdee33c56d474ee5367a2db661a22f61f9a95-4163d55804b95c9f9e6
 Ack No. : 172414560561284
 Ack Date : 8-Mar-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.
 TH BYADGI, GGH, AGASANHALI ROAD BYADGI
 Karnataka - 581106, 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. AF/889/23-24	Dated 8-Mar-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 195-032024-25297	Dated 5-Mar-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination BYADGI
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	620429	4 Set	400.00	Set	1,600.00
						40.00
						40.00
						SGST 2.5%
						CGST 2.5%
	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:		40.00		40.00	80.00

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

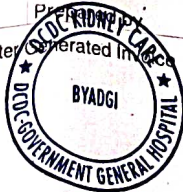
Remarks:
 BILL NO : 889
 Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

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

Stock/No. of Boxes Received **03**
 Subject to Physical Check
 Name/Employee Code **Sumeel. A. M**
 Centre Name **Byadgi**
 Date/Time **16/03/2024**
 Signature **Smt** M. No. **6361259951**

This is a Computer Generated Invoice



Verified by

