

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 23f1276a90042555b3f6d5fd59b6023964fe5bc532fd327-81e2553677d6f0e14
 Ack No. : 172314061500198
 Ack Date : 20-Dec-23

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. DISTRICT HOSPITAL LALITPUR Uttar Pradesh - 284403, 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. AF/693/23-24	Dated 20-Dec-23
	Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References	
Buyer's Order No. 95-122023-24502	Dated 7-Dec-23	Delivery Note Date
Dispatch Doc No.	Destination LALITPUR	
Dispatched through	Motor Vehicle No. DL03CCH0214	
Bill of Lading/LR-RR No.	Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	620429	6 Set	400.00	Set	2,400.00
2	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	620429	8 Set	400.00	Set	3,200.00
						5,600.00
						140.00
						140.00
						5,880.00
Total			14 Set			₹ 5,880.00

SGST 2.5%
CGST 2.5%

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code
 Centre Name DH Lalitpur
 Date/Time 29/12/23
 Signature
 M. No. 877044444

Amount Chargeable (in words) **INR Five Thousand Eight Hundred Eighty Only** E. & O.E

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	5,600.00	2.50%	140.00	2.50%	140.00	280.00
Total:	5,600.00		140.00		140.00	280.00

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

Remarks:
 BILL NO 693
 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. : **0337202000609**
 Branch & IFS Code : **MAA ANANDMAYI MARG OKHALA INCL PH-2 & HDFC000337**

Customer's Seal and Signature

Prepared by _____ Verified by _____
 Authorised Signatory

