

Tax invoice

(DUPLICATE FOR TRANSPORTER)

e-Invoice



IRN : 22968f3c0c2fa7e0a8982741786a7be4c1ec9f98d2ce43-793bf919753cc63d51
 Ack No. : 172414560606480
 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.
 1H SAVANUR GGH LAKSHAR BAZAR SAVANUR
 Karnataka - 581118, 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/890/23-24	Dated 8-Mar-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 194--32024-25300	Dated 5-Mar-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination SAVANUR
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	620429	4 Set	400.00	Set	1,600.00

SGST 2.5% 40.00
 CGST 2.5% 40.00

Total 4 Set ₹ 1,680.00

E. & O E

Amount Chargeable (in words)

INR One Thousand Six Hundred Eighty Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax 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 890

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 01
 Subject to Physical Check
 Name/Employee Code *Nidya.V.M*
 Centre Name *Savitri Savanur H. Unit*
 Date/Time *16/3/24*
 Signature *Nidya.V.M. No.*

Prepared by
 This is a Computer Generated Invoice

Verified by

