

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : f3a57af61a899dd374abc369ec2b35b2bc9468436d6a5-e7bce33ad7915f06338
 Ack No. : 172414177952990
 Ack Date : 8-Jan-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.
 AH, MAHABUBABAD GOVT GENERAL HOSPITAL,
 WARANGAL TELANGANA
 Telangana - 506101, India
 GSTIN/UIN : 07AAFCD0204K1Z1
 State Name : Telangana, Code : 36
 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/747/23-24	Dated 8-Jan-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No. 141-012024-24702	Dated 5-Jan-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination MAHABUBABAD, TELANGANA
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 PANT SHIRT SET PANT -SHIRT SET MALE MEDIUM SIZE	620429	2 Set	850.00	Set	1,700.00
2	UNIFORM PANT SHIRT SET PANT -SHIRT SET MALE XL SIZE	620429	2 Set	850.00	Set	1,700.00
						3,400.00
SGST 2.5%						85.00
CGST 2.5%						85.00
Total						₹ 3,570.00

Stock/No. of Boxes Received 4
 Subject to Physical Check
 Name/Employee Code DC02846
 Centre Name : Mahabubabad
 Date/Time 16-1-2024 : 3:18 PM
 Signature [Signature] M. No. 9533524495

Amount Chargeable (in words)
INR Three Thousand Five Hundred Seventy Only

	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
	3,400.00	2.50%	85.00	2.50%	85.00	170.00
Total:	3,400.00		85.00		85.00	170.00

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

Remarks:
 BILL NO 747
 Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Customer's Seal and Signature

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 PH-2 & HDEC0000337**
 for **ANCHOR FAB**

Prepared by _____ Verified by _____
 Authorised Signatory

