

Tax Invoice

(ORIGINAL FOR DEBITMENT)

ANCHOR FAB
 B-4/2 Okhla Industrial Area, Phase II, New Delhi-11
 GST NO: 07ABAPS2131D177
 Delhi-110020, India
 GSTIN/UIN: 07ABAPS2131D1Z7
 State Name: Delhi, Code: 07
 E-Mail: pulkit77@hotmail.com
 Consumer (Shop-let)

DCDC Health Services Pvt Ltd.
 DIST-HOSPITAL BADAUN NEAR STAND, BADAUN
 HATHIPARK 243601
 Delhi-110064, India
 GSTIN/UIN: 07AAAFCD0204K1Z1
 State Name: Delhi, Code: 07
 Buyer (Bill to)

DCDC Health Services Pvt Ltd.
 C-105, 1st Floor, Mayapuri Industrial, Area, Phase
 -2, New Delhi
 Delhi-110064, India
 GSTIN/UIN: 07AAAFCD0204K1Z1
 State Name: Delhi, Code: 07
 Place of Supply: Delhi

Invoice No: **AF/329/23-24**
 Delivery Note
 Reference No. & Date
 Buyer's Order No: **147-072923-23262-6**
 Dispatch Doc No
 Dispatched through
 Bill of Lading/LR RR No
 Terms of Delivery
 Date: **31-Jul-23**
 Mode: Terms of Payment
 Other References
 Date: **21-Jul-23**
 Delivery Note Date
 Destination: **HOSPITAL BADAUN**
 Motor Vehicle No: **DL03CCH0214**

SI	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	4 Set	400.00	Set	1,600.00
2	SKY BLUE SCRUB SUIT SMALL BLUE UNIFORM SMALL	6204	4 Set	400.00	Set	1,600.00
3	SKY BLUE SCRUB SUIT LARGE BLUE UNIFORM LARGE	6204	2 Set	400.00	Set	800.00
						4,000.00
						100.00
						100.00

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name **Badaun**
 Date/Time
 Signature M. No.

Total **10 Set** ₹ **4,200.00**
 F. 3.11

Amount Chargeable (in words)
INR Four Thousand Two Hundred Only

Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
4,000.00	2.50%	100.00	2.50%	100.00	200.00
Total:		100.00		100.00	200.00

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

Remarks
 BILL NO 329
 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 & HDFC 0000137**
 for **ANCHOR FAB**

Customer's Seal and Signature

Prepared by _____ Verified by _____ Authorized Signatory _____