

Tax Invoice

(ORIGINAL FOR RECIPIENT)

Industrial Area, Phase-II, New Delhi-11
 ABAPS2131D1Z7
 0020, India
 UIN: 07ABAPS2131D1Z7
 Name : Delhi, Code : 07
 Mail : pulkit77@hotmail.com
 Consignee (Ship to)

DCDC Health Services Pvt Ltd.
 DH, Jangaon District Hospital Near Opp: BSNL,
 Office, Vegetable Market -506167
 Telangana - 110064, 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/137/23-24**
 Delivery Note
 Reference No. & Date
 Buyer's Order No. **137-052023-22755-6**
 Dispatch Doc No.
 Dispatched through
 Bill of Lading/LR-RR No.
 Terms of Delivery

Dated **24-May-23**
 Mode/Terms of Payment
 Other References
 Dated **22-May-23**
 Delivery Note Date
 Destination
DH, JANGAON
 Motor Vehicle No.
DL03CCH0214

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	SKY BLUE SCRUB SUIT MEDIUM BLUE UNIFORM MEDIUM	6204	15 Set	400.00	Set	6,000.00
						150.00
						150.00

SGST 2.5%
 CGST 2.5%

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code G. Anurag
 Name Jangaon
 Time 09-06-2023
 Signature G. Anurag

Total **15 Set** **₹ 6,300.00**
 Amount Chargeable (in words) **INR Six Thousand Three Hundred Only**
 E. & O.E

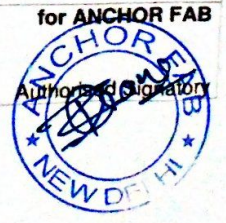
Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
6,000.00	2.50%	150.00	2.50%	150.00	300.00
Total:		150.00		150.00	300.00

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

Remarks:
 BILL NO 137
 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



Prepared by _____ Verified by _____