

GSTIN : 07CDLPD3827N226

Original Copy

TAX INVOICE Switchmeds

Sumata Tower-2, District Center, Janakpuri, Delhi
switchmeds@gmail.com
Drug License No. DL JNK-145663

Invoice No. : 1504/2023-2024
Dated : 10-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station : Mayapuri, Phase-II
P.O. No. : 69-022024-25156
P.O. Date : 6/2/2024
DRUG LIC NO. :

Billed to :
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

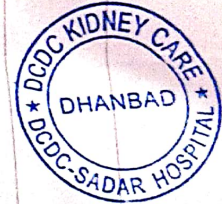
Shipped to :
DCDC Health Services Private Limited
SADAR HOSPITAL DHANBAD
SADAR HOSPITAL NEAR COURT DHANBAD
826001

Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

Party Mobile No : 9504172351
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <i>GLH01N13-MRP-0.00-Mfg.-31-10-2023-Exp.-3 0-09-2025</i>	30019091	100.00	Pcs.	125.00	12,500.00

Stock/No. of Boxes Received 01
Subject to Physical Check
Name/Employee Code
Centre Name Sadar Hospital Dhambad
Date/Time 22/02/24
Signature M. No. 9504172351



Add : CGST @ 6.00 % 750.00
Add : SGST @ 6.00 % 750.00
Add : Freight & Forwarding Charges 1,429.00

Grand Total 100.00 Pcs. ₹ 15,429.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	12,500.00	750.00	750.00	1,500.00

Rupees Fifteen Thousand Four Hundred Twenty Nine Only

Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB0001102

Terms & Conditions
E.& O.E.
1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds
NEW DELHI
Authorised Signat