

TAX INVOICE
Switchmeds

604, Suneja Tower-2, District Center,, Janakpuri, Delhi

Tel. : 9999428970 email : switchmeds@gmail.com

Drug Licence No. : DL-JNK-145663

DL NO. DL-JNK-145663

Invoice No. : 1737/2023-24
Dated : 07-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 120-032024-25433
P.O Date : 5/3/24
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
Nayyar Hospital
3 Dasonda Singh Rd Amritsar
143001

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

Party Mobile No : 8595955923
GSTIN / UIN :
D.L. No. :

| S.N. | Description of Goods | HSN/SAC Cod | Qty. | Unit | Price | Amount() |
|------|---|-------------|-------|------|--------|-----------|
| 1. | INJ. HEPARIN (25000 I.U.) V2401-05B:MRP-335.00:Exp.-31-12-2025 | 30019091 | 50.00 | Pcs. | 125.00 | 6,250.00 |

Add : CGST

@ 6.00 %

375.00

Add : SGST

@ 6.00 %

375.00

Grand Total

50.00 Pcs.

7,000.00

| HSN/SAC | Tax Rate | Taxable Amt. | CGST Amt. | SGST Amt. | Total Tax |
|----------|----------|--------------|-----------|-----------|-----------|
| 30019091 | 12% | 6,250.00 | 375.00 | 375.00 | 750.00 |

Stock/No. of Boxes Received 10x

Subject to Physical Check

Name/Employee Code Anand Singh

Centre Name Nayyar Hospital

Date/Time 15/3/24 3pm

Signature M. No. 4760185988

Rupees Seven Thousand Only

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

Terms & Conditions

E.& O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds
NEW DELHI

Authorised Signatory