

GSTIN : 07CDLPD3827N2Z6

TAX INVOICE

Original Copy

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. : 1883/2024-25  
Dated : 09-04-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. :  
P.O Date : 120-042024-25803  
DRUG LIC NO : 5/4/24

**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.) AB240094A:MRP-335.00:Exp.-28-02-2026	30019091	50.00	Pcs.	115.00	5,750.00
					Add : CGST	
					Add : SGST	
					@ 6.00 %	345.00
					@ 6.00 %	345.00
<b>Grand Total</b>					<b>50.00 Pcs.</b>	<b>6,440.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	5,750.00	345.00	345.00	690.00

Rupees Six Thousand Four Hundred Forty Only

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

Stock/No. of Boxes Received ..... 1 Box  
Subject to Physical Check  
Name/Employee Code ..... Taranmeet  
Centre Name ..... Nayyar Hospital  
Date/Time ..... 20/04/24 11:45 AM  
Signature ..... Taranmeet M. No. 859595592

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

Authorised Signatory