

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. : 2054/2024-25
Dated : 05-06-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 120-062024-26422
P.O Date : 04-06-2024
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
NAYYAR HOSPITAL
3,DASONDA SINGH RD
AMRITSAR-143001

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

Party Mobile No : 8595955923
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount ()	
1.	INJ. HEPARIN (25000 I.U.)	30019091	150.00	Pcs.	115.00	17,250.00	
<p>Stock/No. of Boxes Received1.Box..... Subject to Physical Check Name/Employee CodeTaranjeet..... Centre NameNayyar Hospital..... Date/Time6.6.24.....1 Pm..... SignatureTaranjeet.....M. No. 8595955923</p>							
					Add : CGST	@ 6.00 %	1,035.00
					Add : SGST	@ 6.00 %	1,035.00
Grand Total						19,320.00	
			150.00	Pcs.			

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00

Rupees Nineteen Thousand Three Hundred Twenty 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



Authorised Signatory