

GSTIN : 07CDLPL3827N2Z6

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TAX INVOICE
Switchmeds

3031
2

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. : 3031/2024-25	Vehicle No. :
Dated : 18-11-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 27-112024-28356
Reverse Charge : N	P.O Date : 07-11-2024
GR/RR No. :	DRUG LIC NO. :
Transport :	

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 Civil Hospital Hisar CIVIL HOSPITAL TAYAL BAGH COLONY NEAR BUS STAND-125001
Party Mobile No. : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No. : 7015463300 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11020257	30021500	250.00	Pcs.	140.00	35,000.00
					Add : CGST @ 6.00 %	2,100.00
					Add : SGST @ 6.00 %	2,100.00
					Add : Freight & Forwarding Charges	2,200.00
Grand Total					250.00 Pcs.	₹ 41,400.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	35,000.00	2,100.00	2,100.00	4,200.00

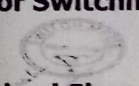
Rupees Forty One Thousand Four Hundred Only

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



Authorized Signatory



Stock/No. of Boxes Received 9 Box
 Subject to Physical Check
 Name/Employee Code B.B. Singh
 Centre Name Physician K. K. Singh
 Date/Time 07-11-24
 Signature M. No. 710904492