

07CDLPD3827N2Z6

Duplicate Copy

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. : 2830/2024-25
Dated : 18-10-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 194-102024-27941
P.O Date : 04-10-2024
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
TH Savanur
Government General Hospital
Lakshar Bazar,Savanur-581118

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

Party Mobile No : 9113647411
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) L11824411	30019091	50.00	Pcs.	115.00	5,750.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020246	30021500	150.00	Pcs.	140.00	21,000.00
3.	INJ. Iron Sucrose (190 Mg)	30049099	100.00	Pcs.	26.00	2,600.00

Add : CGST @ 6.00 % 1,761.00
 Add : SGST @ 6.00 % 1,761.00
 Add : Freight & Forwarding Charges 2,900.00

Grand Total 300.00 Pcs. ₹ 35,772.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	5,750.00	345.00	345.00	690.00
30021500	12%	21,000.00	1,260.00	1,260.00	2,520.00
30049099	12%	2,600.00	156.00	156.00	312.00
Total		29,350.00	1,761.00	1,761.00	3,522.00

Stock/No. of Boxes Received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature

Rupees Thirty Five Thousand Seven Hundred Seventy Two 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 with in the stipulated time.
 - Subject to Delhi Jurisdiction only.
- Stock/No. of Boxes Received **02 Box**
 Subject to Physical Check
 Name/Employee Code **DC03603**
 Centre Name **Savanur**
 Date/Time **14/10/24**
 Signature **th** M. No.

Receiver's Signature :



for Switchmeds

Authorised Signatory