

07CDLPD3827N226

Original 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

4-Box

Invoice No. : 2876/2024-25  
Dated : 22-10-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 72-102024-27913  
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  
Ambedkar Nagar Combined Hospital  
Akbarpur, Ambedkar Nagar  
Uttar Pradesh-224122

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

Party Mobile No : 8931807697  
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	300.00	Pcs.	115.00	34,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	6.00	LTR	180.00	1,080.00
	Add : CGST			@	6.00 %	2,070.00
	Add : SGST			@	6.00 %	2,070.00
	Add : CGST			@	9.00 %	97.20
	Add : SGST			@	9.00 %	97.20
	Add : Freight & Forwarding Charges					3,000.00
<b>Grand Total</b>			<b>306.00</b>	<b>Units</b>	<b>₹</b>	<b>42,914.40</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	34,500.00	2,070.00	2,070.00	4,140.00
<b>Total</b>		<b>35,580.00</b>	<b>2,167.20</b>	<b>2,167.20</b>	<b>4,334.40</b>

**Rupees Forty Two Thousand Nine Hundred Fourteen and Paise Forty 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 :



Stock/No. of Boxes Received : 3  
 Subject to Physical Check  
 Name/Employee Code :  
 Centre Name : Ambedkar Nagar  
 Date/Time :  
 Signature :  
 for Switchmeds  
 Authorised Signator

1 Box Sodium Hypo empty  
heparin not receive  
Counter No 7 Box 81305919