

GSTIN : 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

G-Box  
1-bundl

Invoice No. : 2580/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 76-092024-27357  
P.O Date : 04-09-2024  
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  
District Hospital Deoria  
District Hospital, Postpartum  
Chauraha Deoria-274001

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

Party Mobile No : 9506254443  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <i>GLH01N13</i>	30019091	200.00	Pcs.	115.00	23,000.00
2.	SODIUM HYPO 10% (5 LTR) <i>VC2024/292</i>	28289019	12.00	LTR	180.00	2,160.00

Shoos  
S

Add : CGST	@	6.00 %	1,380.00
Add : SGST	@	6.00 %	1,380.00
Add : CGST	@	9.00 %	194.40
Add : SGST	@	9.00 %	194.40
Add : Freight & Forwarding Charges			2,400.00

Grand Total 212.00 Units ₹ 30,708.80

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80
30019091	12%	23,000.00	1,380.00	1,380.00	2,760.00
<b>Total</b>		<b>25,160.00</b>	<b>1,574.40</b>	<b>1,574.40</b>	<b>3,148.80</b>

Handwritten signature

Rupees Thirty Thousand Seven Hundred Eight and Paise Eighty Only

Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
A/C NO. 921020027370029 IFSC CODE: UTIB0330102

Terms & Conditions  
E & O.E.

- 1. Goods once sold will not be taken back.
- 2. Interest @ 30% p.a. will be charged if the payment is not made with in the stipulated time.
- 3. Subject to Delhi Jurisdiction only.

only Hypo received  
ing Hep not received

Subject to physical check  
Name/Employee Code :  
Centre Name :  
Date/Time : 28/09/24  
Signature : [Handwritten Signature] 7905282496

for Switchmeds

Authorized Signatory