

Original Copy

GSTIN : 07CDLPD3827N2Z6

**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. : 2922/2024-25  
Dated : 09-11-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :Vehicle No. :  
Station :  
P.O No. : 154-112024-28340  
P.O Date : 07-11-2024  
DRUG LIC NO :**Billed to :**DCDC Health Services Private Limited  
C-185, First Floor  
Rewari Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :**Shipped to :**DCDC Health Services Private Limited  
Dharamsheela Devi Hospital  
Kendua, Near ITI College-805110Party Mobile No : 9304889041  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) L1182445D	30019091	50.00	Pcs.	115.00	5,750.00
<i>Add : CGST</i>						345.00
<i>Add : SGST</i>						345.00
<i>Add : Freight &amp; Forwarding Charges</i>						1,100.00
<b>Grand Total</b>					<b>50.00 Pcs.</b>	<b>₹ 7,540.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	5,750.00	345.00	345.00	690.00

**Rupees Seven Thousand Five Hundred Forty Only**Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
A/C NO. 921020027370029 IFSC CODE: UTIB0001102

Stock/No. of Boxes Received .....50.P18.....

Subject to Physical Check

Name/Employee Code .....D.C.3133.....

Centre Name Dharamsheela Devi (Nawada)

Date/Time .....9/11/24.....12:55 PM

Signature .....M. No. 769583232

**Terms & Conditions**

E. &amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

  
Authorised Signatory