

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

Original Copy

3023

6-9-24

Invoice No. : 3023/2024-25  
Dated : 15-11-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 72-112024-28583  
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, 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.	SODIUM HYPO 10% (5 LTR) AD12672	28289019	12.00 LTR	180.00	2,160.00
	Add : CGST		@ 9.00 %		194.40
	Add : SGST		@ 9.00 %		194.40
	Add : Freight & Forwarding Charges				1,100.00
<b>Grand Total</b>			<b>12.00 LTR</b>	<b>₹</b>	<b>3,648.80</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80

Rupees Three Thousand Six Hundred Forty Eight and Paise Eighty 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 within the stipulated time.
- 3. Subject to 'Delhi' Jurisdiction only

Receiver's Signature :



Stock/No. of Boxes Received ..... 6  
 Name/Employee Code ..... 3100  
 Centre Name ..... Ambedkar Nagar  
 Date/Time ..... 22/11/24  
 Signature ..... M. No. 8931807697

for Switchmeds

Authorised Signatory