

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. : 2914/2024-25	Vehicle No. :
Dated : 09-11-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 32-112024-28342
Reverse Charge : N	P.O Date : 07-11-2024
GR/RR No. :	DRUG LIC NO :
Transport :	

<p>Billed to : DCDC Health Services Private Limited C-185, First Floor Rewari Line Industrial Area Mayapuri, Phase-II, Delhi, 110064</p> <p>Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :</p>	<p>Shipped to : DCDC Health Services Private Limited MGM Jamshedpur MGM HOSPITAL Dialysis Unit EAST SINGHBHAM SAKCHI DISTT Near Ganga Regency Hotel-831001 Party Mobile No : 6202873068 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :</p>
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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

Add : CGST @ 6.00 %	345.00
Add : SGST @ 6.00 %	345.00
Add : Freight & Forwarding Charges	1,100.00

Grand Total 50.00 Pcs. 7,540.00

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

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 :



for Switchmeds

 Authorised Signatory

Stock/No. of Boxes Received 01
 Subject to Physical Check
 Name/Employee Code DC00111
 Centre Name MGM Hospital Jamshedpur
 Date/Time 15/11/24 14:00
 Signature [Signature] M. No. 9209501230