

GSTIN : 07CDLPD3827N2Z6

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## 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. : 2970/2024-25  
 Dated : 13-11-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport : AUUA LOGISTICS

Vehicle No. :  
 Station : HANGAL  
 P.O No. : 158-112024-28513  
 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  
 TH Hangal  
 HANAGAL TALUKA GOVT HOSPITAL  
 Dialysis Unit-581104

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

Party Mobile No : 9113647411  
 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	200.00	Pcs.	115.00	23,000.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020253	30021500	150.00	Pcs.	140.00	21,000.00
3.	INJ. Iron Sucrose (100 Mg)	30049099	150.00	Pcs.	26.00	3,900.00

Add : CGST @ 6.00 % 2,874.00  
 Add : SGST @ 6.00 % 2,874.00  
 Add : Freight & Forwarding Charges 2,800.00

**Grand Total 500.00 Pcs. ₹ 56,448.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	23,000.00	1,380.00	1,380.00	2,760.00
30021500	12%	21,000.00	1,260.00	1,260.00	2,520.00
30049099	12%	3,900.00	234.00	234.00	468.00
<b>Total</b>		<b>47,900.00</b>	<b>2,874.00</b>	<b>2,874.00</b>	<b>5,748.00</b>

**Rupees Fifty Six Thousand Four Hundred Forty Eight Only**

**Bank Details :** A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
 A/C NO. 921020027370029 IFSC CODE: UTIB0001102

## Terms &amp; 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 with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorized Signatory

Stock/No. of Boxes Received ..... 02 Boxes

Subject to Physical Check

Name/Employee Code .....

Centre Name ..... Th. Hangal

Date/Time ..... 13.11.24 ..... 12:00pm

Signature ..... M. No.....

