

GSTIN : 07CDLPD3827N2Z6

Duplicate 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**

3 Box

Invoice No. : 2704/2024-25  
Dated : 07-10-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : .

Vehicle No. :  
Station :  
P.O No. : 111-102024-27935  
P.O Date : 04-10-2024  
DRUG LIC NO :

**Billed to :**

DCDC Health Services Private Limited  
C-185, First Floor  
Rewari Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064

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

**Shipped to :**

DCDC Health Services Private Limited  
Sahara Hospital  
Janu Nagar, Simariya, Post-Kemri  
Tehsil- Milak, Rampur-243701

Party Mobile No : 8279538027  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	SODIUM HYPO 10% (5 LTR) VC2024/292  Stock/No. of Boxes Received ..3 Box..... Subject to Physical Check Name/Employee Code ..D.02411 Mohd Farid Centre Name ..Sahara Hospital Date/Time ..15.10.2024 ..11:50:12 Signature .. M. No. ..8279538027	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			900.00

**Grand Total**      **6.00 LTR**      ₹      **2,174.40**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40

**Rupees Two Thousand One Hundred Seventy Four and Paise Forty Only**

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

**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 with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds



**Authorised Signatory**