

GSTIN : 07CDLPD3827N2Z6

Original 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

Invoice No. : 2125/2024-25  
Dated : 08-06-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 144-062024-26266  
P.O Date : 04-06-2024  
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  
CHC, Narasampet  
Govt. Hospital Narsampet, Near-Police  
Station, Dist Warangal-506132

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

Party Mobile No : 9502696731  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( )
1.	SODIUM HYPO 10% (5 LTR) VC2024/271	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 1,056.00

Grand Total 12.00 LTR

3,604.80

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 Four 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 ..... 12 Caus  
 Subject to Physical Check  
 Name/Employee Code ..... K. S. Swil  
 Centre Name ..... Narasampet  
 Date/Time ..... 08/06/24  
 Signature ..... M. No. 9502696731



Authorized Signatory