

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. : 2587/2024-25  
 Dated : 13-09-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport :

Vehicle No. :  
 Station :  
 P.O No. : 144-092024-27344  
 P.O Date : 04-09-2024  
 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.	INJ. HEPARIN (25000 I.U.) AB240207A	30019091	200.00	Pcs.	115.00	23,000.00
Add : CGST @ 6.00 %						1,380.00
Add : SGST @ 6.00 %						1,380.00
Add : Freight & Forwarding Charges						2,000.00
<b>Grand Total</b>					<b>200.00 Pcs.</b>	<b>₹ 27,760.00</b>

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

Rupees Twenty Seven Thousand Seven Hundred Sixty Only

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

Stock/No. of Boxes Received ..... 1 Box  
 Subject to Physical Check  
 Name/Employee Code ..... K.S.WIL  
 Centre Name ..... Narasampet  
 Date/Time ..... 23/09/24  
 Signature ..... [Signature] M. No. 9502696731

**Terms & Conditions**

- E.& 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