

GSTIN 07AAFC00204K1Z1

Original Copy

TAX INVOICE Switchmeds

604, Sumeja Tower 2, District Center, Janakpuri, Delhi
Tel: 9991428970 email: switchmeds@gmail.com
Drug Licence No. DL/AB/145663
DL NO. DL/JNK/145663

G-Box

0203

Invoice No. : 1659-2023-24
Dated : 13-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR RR No.
Transport : DELHIVERY

Vehicle No.
Station : Haryana
P.O No. : 27-032024-25429
P.O Date : 5/3/24
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
Civil Hospital Hisar Civil Hospital Laya
-I Bagh Colony Near Bus Stand
125001

Party Mobile No.
GSTIN / UIN : 07AAFC00204K1Z1
D.L. No.

Party Mobile No. : 7015463300
GSTIN / UIN :
D.L. No. :

S.N.	Description of Goods	HSN/ SAC Cod	Qty.	Unit	Price	Amount ()
1.	INJ. ERYTHROPOITIN 4000 IU 11020222 MRP-1,936.00 Exp-30-08-2025	30021500	300.00	Pcs.	140.00	42,000.00
2.	INJ. HEPARIN (25000 I.U.) V2401-05B MRP-335.00 Exp-31-12-2025	30019091	100.00	Pcs.	125.00	12,500.00
3.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00
	Add : CGST		@	6.00 %		3,270.00
	Add : SGST		@	6.00 %		3,270.00
	Add : CGST		@	9.00 %		97.20
	Add : SGST		@	9.00 %		97.20
	Add : Freight & Forwarding Charges					1,855.00
Grand Total					406.00 Units	64,169.40

HSN/ SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	12,500.00	750.00	750.00	1,500.00
30021500	12%	42,000.00	2,520.00	2,520.00	5,040.00
Total		55,580.00	3,367.20	3,367.20	6,734.40

Rupees Sixty Four Thousand One Hundred Sixty Nine 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 & 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 :



Stock/No. of Boxes Received : 66
Subject to Physical Check
Name/Employee Code : RAJ KUMAR
Centre Name : CHANAR
Date/Time : 15/03/24
Signature : [Handwritten Signature] No. : 7015463300

	LR: 255148203
	MAWB: 10140910078304
	Box count: DCC
	Client: DHYANARGO10 8280
LM Pincode: 125001	UID: switch meds 1659
10140910078363	

for Switchmeds
NEW DELHI
Authorised Signatory