

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. : 1863/2024-25  
Dated : 09-04-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : .

Vehicle No. :  
Station :  
P.O No. : 133-042024-25759  
P.O Date : 5/4/24  
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  
B.M Gupta Hospital Pvt Ltd  
H-9 15, Arya Samaj Road SDM Market Block  
O Uttam Nagar, 110059

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

Party Mobile No : 8368219908  
GSTIN / UIN :  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)	
1.	INJ. HEPARIN (25000 I.U.) AB240134A:MRP-335.00	30019091	70.00	Pcs.	115.00	8,050.00	
<p>Stock/No. of Boxes Received ..... 3 Subject to Physical Check Name/Employee Code ..... Ashu Centre Name ..... B.M. Gupta Hospital (530PM) Date/Time ..... 17/4/24 Signature ..... M. No. 9528555289</p>							
					Add : CGST	@ 6.00 %	483.00
					Add : SGST	@ 6.00 %	483.00
<b>Grand Total</b>			<b>70.00</b>	<b>Pcs.</b>	<b>₹</b>	<b>9,016.00</b>	

HSN/ SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	8,050.00	483.00	483.00	966.00

**Rupees Nine Thousand Sixteen Only**

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

**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**

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. ....