

Original Copy

GSTIN : 07CDLPD3827N2Z6

**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. : 1732/2023-24  
Dated : 07-03-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 104-032024-25425  
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  
  
Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

**Shipped to :**  
DCDC Health Services Private Limited  
District Hospital Sant Ravidas Nagar  
100 BEDS HOSPITAL Jila Mukhyalaya  
Sarpatha ,gyanpur  
Sant Ravidas Nagar / Bhadoi, 221304  
Party Mobile No : 8083293190  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.)	30019091	150.00	Pcs.	125.00	18,750.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00
3.	BP INSTRUMENT	90189011	2.00	Pcs.	1,600.00	3,200.00
Add : CGST @ 6.00 %						1,137.00
Add : SGST @ 6.00 %						1,137.00
Add : CGST @ 9.00 %						97.20
Add : SGST @ 9.00 %						97.20
Add : Freight & Forwarding Charges						855.00
<b>Grand Total</b>					<b>158.00 Units</b>	<b>27,713.40</b>

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%	18,750.00	1,125.00	1,125.00	2,250.00
90189011	12%	3,200.00	192.00	192.00	384.00
<b>Total</b>		<b>23,030.00</b>	<b>1,414.20</b>	<b>1,414.20</b>	<b>2,828.40</b>

**Rupees Twenty Seven Thousand Seven Hundred Thirteen 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 :



for Switchmeds

Authorised Signatory

Stock/No. of Boxes Received ..... P.K. ....  
Subject to Physical Check OK  
Name/Employee Code ..... Phanimol Kumar  
Centre Name ..... Sant Ravidas Nagar  
Date/Time ..... 16/3/24  
Signature ..... Phanimol M. No. 8083293190