

STIN : 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

6075

Invoice No. : 1634/2023-24
Dated : 12-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : DELHIVERY

Vehicle No. :
Station : HARYANA
P.O No. : 46-032024-25337
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 Bahadurgarh Dcdc Kidney
Care Civil Hospital Bahadurgarh Madhya
Marg Old Industrial Area 124507

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

Party Mobile No : 8506006622
GSTIN / UIN :
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. ERYTHROPOITIN 4000 IU <small>11020222:MRP-1,936.00:Exp.-30-08-2025</small>	30021500	300.00	Pcs.	140.00	42,000.00
2.	GLUCOSTRIPS (ACCUSURE)	90189099	100.00	Pcs.	8.00	800.00

Add : CGST	@	6.00 %	2,568.00
Add : SGST	@	6.00 %	2,568.00
Add : Freight & Forwarding Charges			1,855.00

Grand Total 400.00 Pcs. 49,791.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	42,000.00	2,520.00	2,520.00	5,040.00
90189099	12%	800.00	48.00	48.00	96.00
Total		42,800.00	2,568.00	2,568.00	5,136.00

Rupees Forty Nine Thousand Seven Hundred Ninety One 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 :



	LR: 255125077
	MAWB: 22225410076311
	Box count: DDC
	Client: NDCOURIERCARGO B2BC
LM Pincode: 124507	OID: switch made 1634
22225410076333	

for Switchmeds
NEW DELHI
Authorised Signatory

Stock/No. of Boxes received...
Subject to Physic...
Name/Employee...
Centre Name...
Date/Time...
Signature... M. No. 8506006622