

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. : 1885/2024-25  
Dated : 09-04-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station : 95-042024-25816  
P.O No. : 5/4/24  
P.O Date :  
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  
District Hospital Lalitpur  
Dialysis Center, Manywar Kanshiram Joint  
District Hospital Civil Lines, Lalitpur  
UP, 284403  
Party Mobile No : 8770441244  
GSTIN / UIN :  
D.L. No. :

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

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount ( )
1.	INJ. HEPARIN (25000 I.U.) AB240094A:MRP-335.00:Exp.-28-02-2026	30019091	200.00	Pcs.	115.00	23,000.00
Add : CGST @ 6.00 %						1,380.00
Add : SGST @ 6.00 %						1,380.00
<b>Grand Total</b>					<b>200.00 Pcs.</b>	<b>25,760.00</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 Five 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 .....  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. ....

**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