

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. : 2225/2024-25  
 Dated : 06-07-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport : .

Vehicle No. :  
 Station : 170-072024-26569  
 P.O No. : 04-07-2024  
 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  
 TH BAILHONGAL  
 TALUKA GENERAL HOSPITAL BAILHONGAL  
 Dialysis Unit, Devlapur Road-591102

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

Party Mobile No : 8618706258  
 GSTIN / UIN : 07AAFCD0204K1Z1  
 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	80.00	Pcs.	115.00	9,200.00
Add : CGST @ 6.00 % Add : SGST @ 6.00 % Add : Freight & Forwarding Charges						552.00 552.00 500.00
<b>Grand Total</b>					<b>80.00 Pcs.</b>	<b>₹ 10,804.00</b>



Stock/No. of boxes received .....  
 Subject to Physical Check *Sunida N*  
 Name/Employee Code .....  
 Centre Name *Bailhongal*  
 Date/Time *13/7/24 3:10*  
 Signature *[Signature]* M. No. ....

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	9,200.00	552.00	552.00	1,104.00

**Rupees Ten Thousand Eight Hundred Four 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