

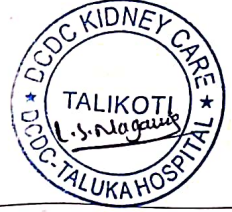
GSTIN : 07AALPD3827N2Z6

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. :  
Dated : 2862/2024-25  
Place of Supply : 19-10-2024  
Reverse Charge : Delhi (07)  
GR/RR No. : N  
Transport :

Vehicle No. :  
Station :  
P.O No. : 213-102024-27884  
P.O Date : 04-10-2024  
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  
Taluka Hospital Talikoti  
Taluka General Hospital Talikoti  
Dist-Vijayapura-586214

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

Party Mobile No : 9148994109  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) L1182445A	30019091	40.00	Pcs.	115.00	4,600.00
					Add : CGST @ 6.00 %	276.00
					Add : SGST @ 6.00 %	276.00
					Add : Freight & Forwarding Charges	950.00
<b>Grand Total</b>			<b>40.00</b>	<b>Pcs.</b>	<b>₹</b>	<b>6,102.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	4,600.00	276.00	276.00	552.00

**Rupees Six Thousand One Hundred Two Only**

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

Stock No. of Boxes Received ..... 01  
Subject to Physical Check ..... 01  
Name/Employee Code ..... DL03776  
Centre Name ..... T.H. Talikoti  
Date/Time ..... 6/10/24  
Signature ..... L.S. Nagarkar ..... M. No. 9148994109

**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**