

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. : 1978/2024-25	Vehicle No. :
Dated : 11-05-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 41-052024 26088
Reverse Charge : N	P.O Date : 03-05-2024
R/RR No. :	DRUG LIC NO. :
Transport :	

Billed to : DCDC Health Services Private Limited -185, First Floor Newari Line Industrial Area Janakpuri, Phase-II, Delhi, 110064	Shipped to : DCDC Health Services Private Limited DISTRICT HOSPITAL GHAZIABAD DISTRICT COMBINED HOSPITAL SECTOR-23-201001
Party Mobile No. : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No. : 8506002727 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	300.00	Pcs.	115.00	34,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/271	28289019	24.00	LTR	180.00	4,320.00

Add : CGST	@	6.00 %	2,070.00
Add : SGST	@	6.00 %	2,070.00
Add : CGST	@	9.00 %	388.80
Add : SGST	@	9.00 %	388.80
Add : Freight & Forwarding Charges			2,287.00

Grand Total 324.00 Units 46,024.60

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
8289019	18%	4,320.00	388.80	388.80	777.60
0019091	12%	34,500.00	2,070.00	2,070.00	4,140.00
Total		38,820.00	2,458.80	2,458.80	4,917.60


Stock/No. of goods received
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time 28.5.2024
 Signature M. No. 8506002727

Rs. Rupees Forty Six Thousand Twenty Four and Paise Sixty Only

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

Terms & Conditions
 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

Authorized Signatory

Inj Heparine not received.