

GSTIN : 07CDLFD3827N2Z6

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. : 2828/2024-25
Dated : 18-10-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 170-102024-27927
P.O Date : 04-10-2024
DRUG LIC NO :

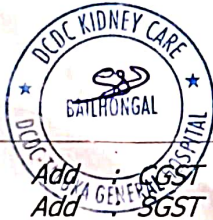
Billed to :
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

Shipped to :
DCDC Health Services Private Limited
TH Bailhongal
TALUKA GENERAL HOSPITAL
BAILHONGAL, Dialysis Unit
Devlapur Road-591102

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

Party Mobile No : 6363162319
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	80.00	Pcs.	115.00	9,200.00
2.	INJ. Iron Sucrose (100 Mg)	30049099	40.00	Pcs.	26.00	1,040.00
					Stock/No. of Boxes Received	
					Subject to Physical Check <i>Sanita. G</i>	
					Name/Employee Code	
					Centre Name <i>Bailhongal</i>	
					Date/Time <i>4.11.2024</i>	
					Signature <i>@</i>	614.40
					M% No <i>6.00</i>	614.40
						1,200.00
					<i>Add : Freight & Forwarding Charges</i>	
Grand Total					120.00 Pcs.	₹ 12,668.80



Stock/No. of Boxes Received

Subject to Physical Check *Sanita. G*

Name/Employee Code

Centre Name *Bailhongal*

Date/Time *4.11.2024*

Signature *@* 614.40

M% No *6.00* 614.40

1,200.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	9,200.00	552.00	552.00	1,104.00
30049099	12%	1,040.00	62.40	62.40	124.80
Total		10,240.00	614.40	614.40	1,228.80

Rupees Twelve Thousand Six Hundred Sixty Eight and Paise Eighty Only

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

Terms & Conditions

& O.E.
Goods once sold will not be taken back.
Interest @ 18% p.a. will be charged if the payment
is not made within the stipulated time.
This invoice is subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds



Authorised Signatory