

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. : 2674/2024-25
Dated : 26-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .

Vehicle No. :
Station :
P O No. : 208-092024-2/555
P.O Date : 06-09-2024
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 Gajendragada
Taluka Government Hospital
Gajendragada,Dist-Gadag-587114

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

Party Mobile No : 7411816743
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. ERYTHROPOITIN 4000 IU 11020246	30021500	120.00	Pcs.	140.00	16,800.00
Add : CGST @ 6.00 %						1,008.00
Add : SGST @ 6.00 %						1,008.00
Add : Freight & Forwarding Charges						1,700.00
Grand Total					120.00 Pcs.	20,516.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	16,800.00	1,008.00	1,008.00	2,016.00

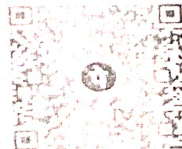
Rupees Twenty Thousand Five Hundred Sixteen Only

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

Terms & Conditions

- E.& O.E.
- Goods once sold will not be taken back.
 - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
 - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory

Stock/No. of Boxes Received 1 BOX
Subject to Physical Check
Name/Employee Code mahantesh
Centre Name Gajendragada
Date/Time 16.10.2024 5:20pm
Signature [Signature] M. No. Full 810733

