

GSTIN : 07CDLPD3827N2Z6

Original Copy

TAX INVOICE Switchmeds

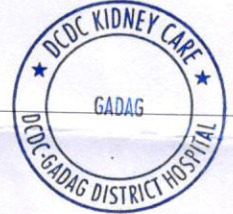
604, Suneja Tower-2, District Center,, Janakpuri, Delhi
Tel. : 9999428970 email : switchmeds@gmail.com

Drug Licence No. : DL-JNK-145663
DL NO. DL-JNK-145663

2 BOX

Invoice No. : 2667/2024-25
Dated : 26-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 166-092024-27384
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
DH GADAG DISTRICT HOSPITAL
DIALYSIS UNIT, Gadag Institute Of Medical
Science, NEW BUILDING, 4th FLOOR ROOM
NO-423, MALLASAMUDRA ROAD-582103
Party Mobile No : 9538928326
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

Party Mobile No :
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	200.00	Pcs.	140.00	28,000.00

Add : CGST	@	6.00 %	1,680.00
Add : SGST	@	6.00 %	1,680.00
Add : Freight & Forwarding Charges			3,000.00

Grand Total 200.00 Pcs. ₹ 34,360.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	28,000.00	1,680.00	1,680.00	3,360.00

Rupees Thirty Four Thousand Three Hundred Sixty Only

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

Stock/No. of Boxes Received 2 BOX
Subject to Physical Check
Name/Employee Code DC03370
Centre Name Veekaten
Date/Time 9/10/24
Signature M. No.

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