

CDLPD3827N2Z6

Duplicate 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. : 2695/2024-25  
Dated : 28-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. : UP84AT6428  
Station : ROHTAK  
P.O No. : 81-092024-27373  
P.O Date : 04-09-2024  
DRUG LIC NO :

**Billed to :**

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

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

**Shipped to :**

DCDC Health Services Private Limited  
PGIMS ROHTAK  
MEDICAL RD,ROHTAK,HARYANA  
PIN CODE-124001

Party Mobile No : 8929946745  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) GLH01N03	30019091	400.00	Pcs.	115.00	46,000.00
Add : CGST @ 6.00 % Add : SGST @ 6.00 % Add : Freight & Forwarding Charges						2,760.00 2,760.00 12,500.00
<b>Grand Total</b>					<b>400.00 Pcs.</b>	<b>₹ 64,020.00</b>
<b>HSN/SAC</b>	<b>Tax Rate</b>	<b>Taxable Amt.</b>	<b>CGST Amt.</b>	<b>SGST Amt.</b>	<b>Total Tax</b>	
30019091	12%	46,000.00	2,760.00	2,760.00	5,520.00	

**Rupees Sixty Four Thousand Twenty Only**

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

Stock/No. of Boxes Received .....  
Subject to Physical Check OK  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... 20/9/24/12:20PM  
Signature ..... M. No. 8929946745

**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