

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. : 1528/2023-2024
Dated : 10-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 109-022024-25068
P.O Date : 6/2/2024
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
FORD HOSPITAL SAMNE GHAT RD NEAR
BHU TRAUMA CENTER BALAJI NAGAR
COLONY 221005

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

Party Mobile No : 7071714200
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <i>GLHO1N13:MRP-335.75:Mfg.-31-10-2023:Exp.-30-09-2025</i>	30019091	25.00	Pcs.	125.00	3,125.00
Add : CGST @ 6.00 % 187.50 Add : SGST @ 6.00 % 187.50 Add : Freight & Forwarding Charges 1,429.00						
Grand Total					25.00 Pcs.	₹ 4,929.00

Stock No. of Boxes Received 1 box
Subject to Physical Check
Name/Employee Code Maya / DC01135
Centre Name Ford Hospital
Date/Time 27/2/24
Signature M. No. 8595955960

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	3,125.00	187.50	187.50	375.00

Rupees Four Thousand Nine Hundred Twenty Nine Only

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

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 :



Authorised Signatory