

GS. IN : 07CDLPD 27N2Z6

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. : 2226/2024-25  
Dated : 06-07-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 171-072024-26564  
P.O Date : 04-07-2024  
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 Gokak  
GOKAK TALUKA GOVT HOSPITAL  
Dialysis Unit-591307

Party Mobile No :  
IN / UIN : 07AAFC0204K1Z1  
D.L. No. :

Party Mobile No : 8618706258  
GSTIN / UIN : 07AAFC0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	50.00	Pcs.	115.00	5,750.00
Add : CGST @ 6.00 % Add : SGST @ 6.00 % Add : Freight & Forwarding Charges						345.00 345.00 800.00
<b>Grand Total</b>					<b>50.00 Pcs.</b>	<b>₹ 7,240.00</b>



HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	5,750.00	345.00	345.00	690.00

**Rupees Seven Thousand Two Hundred Forty Only**

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

**Terms & Conditions**

- 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.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code ..... MAHANTESH  
Centre Name .....  
Date/Time ..... 18/7/2024 3:30 PM  
Signature ..... 789208271