

GSTIN : 07CDLPD3827N2Z6

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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. : 2870/2024-25
 Dated : 21-10-2024
 Place of Supply : Delhi (07)
 Reverse Charge : N
 GR/RR No. :
 Transport : AUUA LOGISTICS

Vehicle No. :
 Station : KASGANJ
 P.O No. : 103-102024-27874
 P.O Date : 04-10-2024
 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
 District Hospital Kasganj DialysisCenter
 Combined District Hospital Kasganj
 Village Mammon District Kasganj Near
 District Court Kasganj,U.P-207123
 Party Mobile No : 9584802753
 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.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	24.00	LTR	180.00	4,320.00
2.	INJ. HEPARIN (25000 I.U.) L1182441I	30019091	350.00	Pcs.	115.00	40,250.00

Add : CGST @ 6.00 % 2,415.00
 Add : SGST @ 6.00 % 2,415.00
 Add : CGST @ 9.00 % 388.80
 Add : SGST @ 9.00 % 388.80
 Add : Freight & Forwarding Charges 4,800.00

Grand Total 374.00 Units 54,977.60

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	4,320.00	388.80	388.80	777.60
30019091	12%	40,250.00	2,415.00	2,415.00	4,830.00
Total		44,570.00	2,803.80	2,803.80	5,607.60

Rupees Fifty Four Thousand Nine Hundred Seventy Seven and Paise Sixty 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
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature