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.	: 1942/2024-25	Vehicle No.	:
Dated	: 09-05-2024	Station	:
Place of Supply	: Delhi (07)	P.O No.	: 102-052024-26008
Reverse Charge	: N	P.O Date	: 04-05-2024
GR/RR No.	:	DRUG LIC NO	:
Transport	: .		

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
DISTRICT HOSPITAL MAINPURI
DIALYSIS CENTER MAHARAJA TEJ
PRATAP SINGH DIST HOSPITAL
MAINPURI UTTAR PRADESH-205001

Party Mobile No : 7895170086
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) *AB240134A:MRP-335.00*	30019091	150.00	Pcs.	115.00	17,250.00
	Add : CGST			@	*6.00 %*	1,035.00
	Add : SGST			@	*6.00 %*	1,035.00
	Grand Total		**150.00**	**Pcs.**	₹	**19,320.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00

Rupees Nineteen Thousand Three Hundred Twenty Only

Stock/No. of Boxes Received .....(1).....
Subject to Physical Check
Name/Employee Code Nagendra Pratap (DC02210)
Centre Name H.D.U. Mainpuri (U.P.)
Date/Time 15-05-2024 (12:08 P.M)
Signature ..... M. No. 7895170086

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 :

for Switchmeds

Authorised Signatory