

Original Copy

GSTIN : 07CDLPD3827N2Z6

# 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. : 2583/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/IR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. :  
P.O Date : 124-092024-27300  
DRUG LIC NO : 04-09-2024

**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  
PHC Zafferghad  
Zafferghad DCDC Dialysis  
Centres Govt Hospital Zafferghad  
Jangaon Dist-506316  
Party Mobile No : 7013450233  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :


S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240207A	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 1,000.00
<b>Grand Total</b>					<b>50.00 Pcs.</b>	<b>₹ 7,440.00</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%	5,750.00	345.00	345.00	690.00	

Stock/No. of Boxes Received ..... ①  
Subject to Physical Check  
Name/Employee Code ..... M. Pravaliks  
Centre Name : Zafferghad  
Date/Time : 13/09/2024  
Signature : [Signature] M. No. 7013450233

**Rupees Seven Thousand Four Hundred Forty 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 :  
  
for Switchmeds  
Authorised Signatory