

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. : 1886/2024-25	Vehicle No. :
Dated : 09-04-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 76-042024-25819
Reverse Charge : N	P.O Date : 5/4/24
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	Shipped to : DCDC Health Services Private Limited District Hospital Deoria District Hospital , Postpartum Chauraha Deoria, 274001
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9506254443 GSTIN / UIN : D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. HEPARIN (25000 I.U.) AB240094A:MRP-335.00:Exp.-28-02-2026	30019091	150.00	Pcs.	115.00	17,250.00
<p>No. of Boxes Received/..... Subject to Physical Check Name/Employee Code ...DCDC/SGC... Centre NameDeoria... Date/Time30/04/24... Signature M.No: 7908252426</p>						
					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


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