

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. : 2429/2024-25	Vehicle No. :
Dated : 13-08-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 76-082024-27000
Reverse Charge : N	P.O Date : 05-08-2024
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

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 : 07AAFCD0204K1Z1
 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. HEPARIN (25000 I.U.) AB240173A	30019091	200.00	Pcs.	115.00	23,000.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	1,380.00
Add : SGST	@	6.00 %	1,380.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			2,000.00

Grand Total 206.00 Units 29,034.40

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	23,000.00	1,380.00	1,380.00	2,760.00
Total		24,080.00	1,477.20	1,477.20	2,954.40

Rupees Twenty Nine Thousand Thirty Four and Paise 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.
- 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

Check No. of Boxes Received 4
 Subject to Physical Check
 Name/Employee Code
 Centre Name
 Date/Time
 Signature M. No. 7908232416