

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. : 2006/2024-25	Vehicle No. :
Dated : 11-05-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 76-052024-26062
Reverse Charge : N	P.O Date : 03-05-2024
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

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.) AB240134A	30019091	200.00	Pcs.	115.00	23,000.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/271	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			2,287.00

Grand Total 206.00 Units 29,321.40

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 Three Hundred Twenty One 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.

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

Stock/No. of Boxes Received 2
Subject to Physical Check
Name/Employee Code K. S. Grewal / DC00594
Centre Name Delhi
Date/Time 11/05/2024
Signature [Signature] M. No. 7908282496