

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. : 2336/2024-25	Vehicle No. :
Dated : 11-07-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 76-072024-26664
Reverse Charge : N	P.O Date : 04-07-2024
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) VC2024/284	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			2,400.00

**Grand Total 206.00 Units**

**29,434.40**

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
<b>Total</b>		<b>24,080.00</b>	<b>1,477.20</b>	<b>1,477.20</b>	<b>2,954.40</b>

**Rupees Twenty Nine Thousand Four Hundred 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

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. 7905232496