

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

3-Box
1-bundl

Invoice No. : 2573/2024-25
Dated : 13-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/FR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 164-092024-27317
P.O Date : 04-09-2024
DRUG LIC NO :

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
T.H Bhatkal
BHATKAL TALUKA GOVT HOSPITAL
Dialysis Unit-581320

Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1
D.No. :

Party Mobile No : 8105942976
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) GLH01N13	30019091	200.00	Pcs.	115.00	23,000.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	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
Total		24,080.00	1,477.20	1,477.20	2,954.40

Stock/No. of Boxes Received 3 BOX 1bundl
Subject to Physical Check Yes
Name/Employee Code ...
Centre Name BHATKAL
Date/Time
Signature M. No.....

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: UT130001102

Terms & Conditions

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to Delhi Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory