

GSTIN : 07CDL PD3827N2Z6

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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. : 2865/2024-25
Dated : 21-10-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 158-102024-27950
P.O Date : 04-10-2024
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
TH Hangal
HANAGAL TALUKA GOVT HOSPITAL
Dialysis Unit-581104

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

Party Mobile No : 9113647411
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <i>L1182441I</i>	30019091	50.00	Pcs.	115.00	5,750.00
2.	SODIUM HYPO 10% (5 LTR) <i>VC2024/292</i>	28289019	6.00	LTR	180.00	1,080.00
3.	INJ. ERYTHROPOITIN 4000 IU <i>11020247</i>	30021500	150.00	Pcs.	140.00	21,000.00
4.	INJ. Iron Sucrose (100 Mg)	30049099	100.00	Pcs.	26.00	2,600.00
Add : CGST @ 6.00 %						1,761.00
Add : SGST @ 6.00 %						1,761.00
Add : CGST @ 9.00 %						97.20
Add : SGST @ 9.00 %						97.20
Add : Freight & Forwarding Charges						3,300.00
Grand Total					306.00 Units	₹ 37,446.40

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%	5,750.00	345.00	345.00	690.00
30021500	12%	21,000.00	1,260.00	1,260.00	2,520.00
30049099	12%	2,600.00	156.00	156.00	312.00
Total		30,430.00	1,858.20	1,858.20	3,716.40

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 05 Box
Subject to Physical Check
Name/Employee Code
Centre Name TH Hangal
Date/Time 02.10.2024
Signature M. No.