

GST INVOICE

SHREE BHAGYAVANTI PHARMA
& SURGICAL DISTRIBUTOR
SHOP NO 74 NEAR VISHWESHWARAYYA CIRCLE
OPP INDRRA CANTEN BAGAL KOT ROAD VIJAYAPUR

DCDC HEALTH SERVICE PVT LT
TALUKA GEN HOSPITAL ALMELA
29-KARNATAKA
PHONE : 7406820897

Phone : 8123110594
D.L.No : KA-BJ-208-21E-19293JZA
GSTIN : 29AEDFS9549F1ZH

DCDC HEALTH SERVICE PVT LT
TALUKA GEN HOSPITAL ALMELA
DUE DATE: 28-06-2024

Inv No : A000429
Inv Date : 28-06-2024
Transport
Mobile no :
L.R. NO :
L.R. Dt : 28-06-2024
No of BOXS : 0
PO NO.: 215-062024-26365
PO DATE.: 04-06-2024

SL	MFR	Qty	Pack	Item Description	Batch	EXP.	HSN Code	M.R.P	Rate	Dis. %	SGST	Value	CGST	Value	Amount
1	INFU	500	1-500ML	INFUTECS NS 500ML	4C40281	3/27	30049099	34.80	21.50	0.0	6.00	645.00	6.00	645.00	12040.00



CLASS	SUB TOTAL	SCHEME	DISCOUNT	SGST	CGST	TOTAL GST	SUB TOTAL
GST 5.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GST12.00%	10750.00	0.00	0.00	645.00	645.00	1290.00	645.00
GST18.00%	0.00	0.00	0.00	0.00	0.00	0.00	645.00
GST 28.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUB TOTAL	10750.00	0.00	0.00	645.00	645.00	1290.00	12040.00

SUB TOTAL	DISCOUNT	SGST PAYABLE	CGST PAYABLE	CRDR NOTE	GRAND TOTAL
10750.00	0.00	645.00	645.00	0.00	12040.00

SHREE BHAGYAVANTI PHARMA
& SURGICAL DISTRIBUTOR
SHOP NO 74 NEAR VISHWESHWARAYYA CIRCLE
OPP INDRRA CANTEN BAGALKOT
ROAD VIJAYAPUR

DCDC HEALTH SERVICE PVT LT
TALUKA GEN HOSPITAL ALMELA

PHONE : 7406820897
Inv No : A000429
Inv Date : 28-06-2024

Terms & Conditions
Goods once sold will not be taken back or exchanged.
Bills not paid due date will attract 24% Interest.
All disputes subject to Jurisdiction only.
**BANK DETAILS: BANK NAME: KOTAK BANK
A/C : 8123110594 || IFSC : KKBK0008234**

Stock No. of Boxes Received: 19
Subject to Physical Check For SHREE BHAGYAVANTI PHARMA & SURGICAL DISTRIBUTOR
Name/Employee Code : M. No. :
Date/Time : 28/06/2024 20:00
Signature : M. No. : 338451198 Authorised signatory

SEAL AND SIGNATORY

GSTIN : 07CDLPD3827N2Z6

Duplicate Copy

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

2190
5

Invoice No. : 2190/2024-25
Dated : 11-06-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 215-062024-26365
P.O Date : 04-06-2024
DRUG LIC NO :

Billed to :

DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

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

Shipped to :

DCDC Health Services Private Limited
Taluka Hospital Almel
Taluka General Hospital Almela
Dist-Vijayapura-586202

Party Mobile No : 7406820897
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11020240	30021500	100.00	Pcs.	140.00	14,000.00
2.	INJ. HEPARIN (25000 I.U.) A5240134A	30019091	100.00	Pcs.	115.00	11,500.00
3.	SODIUM HYPO 10% (5 LTR) VC2024/271	28289019	6.00	LTR	180.00	1,080.00
4.	INJ. Iron Sucrose (100 Mg)	30049099	50.00	Pcs.	26.00	1,300.00
5.	NEBULISER MACHINE	90192090	1.00	Pcs.	890.00	890.00
6.	PULSE OXIMETER	90189019	1.00	Pcs.	650.00	650.00
	Add : CGST		@	6.00 %		1,700.40
	Add : SGST		@	6.00 %		1,700.40
	Add : CGST		@	9.00 %		97.20
	Add : SGST		@	9.00 %		97.20
	Add : Freight & Forwarding Charges					1,056.00
Grand Total					258.00 Units	₹ 34,071.20

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%	11,500.00	690.00	690.00	1,380.00
30021500	12%	14,000.00	840.00	840.00	1,680.00
30049099	12%	1,300.00	78.00	78.00	156.00

Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB00Q1102

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

N : 07CDLPD3827N2Z6

Duplicate Copy

TAX INVOICE Switchmeds

60-1, 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. : 2190/2024-25
Date : 11-06-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 215-062024-26365
P.O Date : 04-06-2024
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
Taluka Hospital Almél
Taluka General Hospital Almela
Dist-Vijayapura-586202

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

Party Mobile No : 7406820897
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
90189019	12%		650.00	39.00	39.00	78.00
90192090	12%		890.00	53.40	53.40	106.80
Total			29,420.00	1,797.60	1,797.60	3,595.20

Rupees Thirty Four Thousand Seventy One and Paise Twenty Only

Stock/No. of Boxes Received ... 05
Subject to Physical Check
Name/Employee Code ... Mshahar Rathod
Centre Name ... CHC ALMEL
Date/Time ... 25/06/24 2:10 PM
Signature M. No. 733845190



Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB0001102

Terms & Conditions
E & O E.

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3. Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds
Authorized Signatory

28/06/24 2:10 PM