

N : 07CDLPD3827N2Z6

TAX INVOICE

Duplicate Copy

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. : 2143/2024-25  
 Dated : 08-06-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport :

Vehicle No. :  
 Station :  
 P.O No. :  
 P.O Date : 183-062024-26458  
 DRUG LIC NO : 06-06-2024

**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 Raibagh  
 Taluka General Hospital Raibagh  
 Near Ambedkar Circle  
 Dist-Belagavi-591317  
 Party Mobile No : 8618706258  
 GSTIN / UIN : 07AAFCD0204K1Z1  
 D.L. No. :

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

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11070239	30021500	120.00	Pcs.	140.00	16,800.00
Add : CGST @ 6.00 %						1,008.00
Add : SGST @ 6.00 %						1,008.00
Add : Freight & Forwarding Charges						746.00
<b>Grand Total</b>					<b>120.00 Pcs.</b>	<b>₹ 19,562.00</b>



HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	16,800.00	1,008.00	1,008.00	2,016.00

Rupees Nineteen Thousand Five Hundred Sixty Two Only

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

Stock No. of Bill Received ..... 2  
 Subject to Physic Check  
 Name of Buyer Code Sagar Kambale  
 Centre Name G.H. Raibagh  
 Date Time 18/6/2024  
 Signature ..... M. No. 861870399

**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