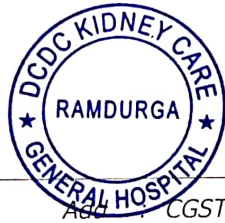


GSTIN : 07CDLPD3827N2Z6

TAX INVOICE
Switchmeds604, Suneja Tower-2, District Center,, Janakpuri, Delhi
Tel. : 9999428970 email : switchmeds@gmail.com
Drug Licence No. : DL-JNK-145663
DL NO. DL-JNK-145663Invoice No. : 2663/2024-25
Dated : 26-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .Vehicle No. :
Station :
P.O No. : 184-092024-27551
P.O Date : 06-09-2024
DRUG LIC NO :**Billed to :**
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :**Shipped to :**
DCDC Health Services Private Limited
TH Ramdurg
GENERAL HOSPITAL RAMDURGA
Belagavi Road Ramdurg
Dist-BELGAVI-591123
Party Mobile No : 9148287726
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. ERYTHROPOITIN 4000 IU 11020246	30021500	120.00	Pcs.	140.00	16,800.00
						1,008.00
						1,008.00
						1,800.00
Grand Total					120.00 Pcs.	20,616.00



Add : CGST

Add : SGST

Add : Freight & Forwarding Charges

@ 6.00 %

@ 6.00 %

1,008.00

1,008.00

1,800.00

Grand Total 120.00 Pcs.**20,616.00**

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 Twenty Thousand Six Hundred Sixteen Only**Bank Details :** A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB0001102Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No.....**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