

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

2784
4

Invoice No. : 2784/2024-25
Dated : 14-10-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 189-102024-27876
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 Rona
Ron Taluka Hospital, Dialysis Unit
Ron, Dist-Gadag-582209

Party Mobile No :
GSTIN / UIN : 07AAAFCD0204K1Z1
D.L. No. :

Party Mobile No : 9964785483
GSTIN / UIN : 07AAAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) L1182442E	30019091	150.00	Pcs.	115.00	17,250.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	1,035.00
Add : SGST	@	6.00 %	1,035.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			1,400.00

Grand Total 156.00 Units ₹ 21,994.40

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%	17,250.00	1,035.00	1,035.00	2,070.00
Total		18,330.00	1,132.20	1,132.20	2,264.40

Stock/No. of Boxes Received 4 Boxes
Subject to Physical Check
Name/Employee Code DC03549
Centre Name Rona
Date/Time 14/10/24
Signature S. A. [Signature] M. No. 9964785483

Rupees Twenty One Thousand Nine Hundred Ninety Four and Paise Forty Only

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

Terms & Conditions

E & O.E.

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

Receiver's Signature :



for Switchmeds

Authorised Signatory