

**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

Original Copy

1-bundl  
3-Box

Invoice No. : 2578/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 89-092024-27388  
P.O Date : 04-09-2024  
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  
District Hospital, Pilibhit Dialysis Unit  
District Hospital, Pilibhit Near Kendriya  
Vidyalaya Tanakpur Road, Ekta Nagar  
Pilibhit, Uttar Pradesh-262001  
Party Mobile No : 6396949928  
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. HEPARIN (25000 I.U.) GLH01N13	30019091	100.00	Pcs.	115.00	11,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	6.00	LTR	180.00	1,080.00

Add : CGST @ 6.00 % 690.00  
Add : SGST @ 6.00 % 690.00  
Add : CGST @ 9.00 % 97.20  
Add : SGST @ 9.00 % 97.20  
Add : Freight & Forwarding Charges 1,600.00

**Grand Total 106.00 Units ₹ 15,754.40**

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%	11,500.00	690.00	690.00	1,380.00
<b>Total</b>		<b>12,580.00</b>	<b>787.20</b>	<b>787.20</b>	<b>1,574.40</b>

**Rupees Fifteen Thousand Seven Hundred Fifty Four and Paise Forty Only**

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

Stock No. of Boxes: received 4 box  
Subject to Physical Check DC03684  
Name/Employee Code  
Centre Name  
Date/Time 28/9/24 M. No. 6396949928  
Signature

**Terms & Conditions**

- E.S.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