

CDLDPD3827N2Z6

Original Copy

**TAX INVOICE**  
**Switchmeds**

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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. : 2397/2024-25	Vehicle No. :
Dated : 08-08-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 159-082024-27037
Reverse Charge : N	P.O Date : 05-08-2024
GR/RR No. :	DRUG LIC NO :
Transport :	

<b>Billed to :</b> DCDC Health Services Private Limited C-185, First Floor Rewari Line Industrial Area Mayapuri, Phase-II, Delhi, 110064	<b>Shipped to :</b> DCDC Health Services Private Limited DH Karwar DISTRICT CIVIL HOSPITAL KARWAR, Dialysis Unit-581301
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 8746959190 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	6.00	LTR	180.00	1,080.00

Add : CGST @ 9.00 %	97.20
Add : SGST @ 9.00 %	97.20
Add : Freight & Forwarding Charges	800.00

<b>Grand Total</b>	No. of Boxes Received <b>9 box</b>	₹	<b>2,074.40</b>
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HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40


Subject to Physical Check  
Name/Employer Code : DCDC  
Centre Name : Karwar  
Date/Time : 17-08-2024  
Signature : B M. No. 7892136819

**Rupees Two Thousand Seventy 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.  
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  
Authorized Signatory