

GSTIN : 07CDLPD3827N236

Original Copy

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

7142


Invoice No. : 1693/2023-24  
Dated : 07-03-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : .

Vehicle No. :  
Station :  
P.O No. : 117-032024-25344  
P.O Date : 5/3/24  
DRUG LIC NO :

Billed to :  
DCDC Health Services Private Limited  
C-185, First Floor  
Reyan Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064  
Party Mobile No :  
GSTIN / UIN : 07AAFC00204KTZ1  
D.L. No. :

Shipped to :  
DCDC Health Services Private Limited  
AH Dharmapuri CHC Dharmapuri  
Dist Jajjala 505325  
Party Mobile No : 9849156742  
GSTIN / UIN :  
D.L. No. :

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




**LR: 255127142**

**MAWB: 22225410076930**

**Box count: DDC**

Client: NDCOURIERCARROD B2BC

LHM Pincode: 605325      OID: switch made: 1693



**22225410076963**

Stock/No. of Boxes Received ..... 03  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name ..... DHARMAPURI  
 Date/Time ..... 03/03/2024  
 Signature ..... M. No. 91.2.1.462307

T	@	9.00 %	97.20
T	@	9.00 %	97.20

Grand Total      6.00 LTR      1,274.40

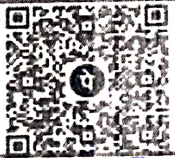
HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40

3-BOX

Rupees One Thousand Two Hundred 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.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 NEW DELHI  
 Authorised Signatory

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