

GSTIN : 07CDLPD3827N2Z6

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

Invoice No. : 2672/2024-25 ✓
Dated : 26-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 192-092024-27457 ✓
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, 110064

Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

Shipped to :
DCDC Health Services Private Limited
TH Mundargi
Mundargi Taluka Hospital, Dialysis
Unit, Mundargi, Dist-Gadag-582118

Party Mobile No : 8497866596
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 ✓	100.00	Pcs. ✓	140.00	14,000.00
					Add : CGST @ 6.00 %	840.00
					Add : SGST @ 6.00 %	840.00
					Add : Freight & Forwarding Charges	1,200.00
Grand Total			100.00	Pcs.		16,880.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	14,000.00	840.00	840.00	1,680.00

Rupees Sixteen Thousand Eight Hundred Eighty Only

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

Stock/No. of Boxes Received 1 box
Subject to Physical Check
Name/Employee Code Paritosh.medi
Centre Name Mundargi unit
Date/Time 16/10/24
Signature [Signature] M. No. 8497866596

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