

GSTIN : 07CDLPD3827N2Z6

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**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. : 2270/2024-25  
 Dated : 09-07-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport :

Vehicle No. :  
 Station :  
 P.O No. : 106-072024-26616  
 P.O Date : 04-07-2024  
 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 Hathras  
 Dcdc Dialysis Centre, Bagla Combined  
 District Hospital Aligarh Road, Near Ram  
 Mandir, Talab Chauraha Hathras, UP-204101  
 Party Mobile No : 8077095618  
 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.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	12.00	LTR	180.00	2,160.00

Add : CGST @ 9.00 % 194.40  
 Add : SGST @ 9.00 % 194.40  
 Add : Freight & Forwarding Charges 700.00

**Grand Total 12.00 LTR 3,248.80**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80

Rupees Three Thousand Two Hundred Forty Eight and Paise Eighty

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

Stock/No. of Boxes Received .. 6 Box  
 Subject to Physical Check  
 Date/Employee Code .....  
 Centre Name .....  
 Date/Time ..... 16/07/2024  
 Signature ..... M. No. 8077095618

**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