

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

1-bill  
 3-Box

Invoice No. : 2278/2024-25  
 Dated : 10-07-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport :  
 Vehicle No. :  
 Station :  
 P.O No. : 148-072024-26698  
 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 Auraiya  
 District Hospital Kakor Road  
 Chicholi Village-206122

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

Party Mobile No : 7897806775  
 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
2.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	100.00 Pcs.	115.00	11,500.00
	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
<b>Grand Total</b>				<b>106.00 Units</b>	<b>₹ 15,754.40</b>

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

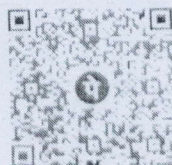
Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
 A/C NO. 921020027370029 IFSC CODE: UTIB0001102

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

Stock/No. of Boxes Received ..... 6 .....  
 Subject to Physical Check Yes  
 Name/Employee Code ..... TAV.NEET/DC03333  
 Centre Name ..... CH. Jagadhn.  
 Date/Time ..... 15-07-24/03:50 pm  
 Signature ..... [Signature] M. No. 830731830A