

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. : 1974/2024-25	Vehicle No. :
Dated : 11-05-2024	Station : KAITHAL
Place of Supply : Delhi (07)	P.O No. : 66-052024-26066
Reverse Charge : N	P.O Date : 03-05-2024
GR/RR No. :	DRUG LIC NO :
Transport : DELHIVERY	

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 CIVIL HOSPITAL KAITHAL HUDA SECTOR-18, PATTI GADAR KAITHAL,HARYANA-136027
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9728244777 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	100.00	Pcs.	115.00	11,500.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020229:Exp.-Dec-2025	30021500	500.00	Pcs.	140.00	70,000.00

Add : CGST	@	6.00 %	4,890.00
Add : SGST	@	6.00 %	4,890.00
Add : Freight & Forwarding Charges			2,287.00

Grand Total 600.00 Pcs. 93,567.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	11,500.00	690.00	690.00	1,380.00
30021500	12%	70,000.00	4,200.00	4,200.00	8,400.00
Total		81,500.00	4,890.00	4,890.00	9,780.00


Rupees Ninety Three Thousand Five Hundred Sixty Seven 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.

Stock/No. of Boxes Received *S. Bose*
 Subject to Physical Check
 Name/Employee Code *Manu. Banerjee DL02751*
 Centre Name *DCDC H. Kaithal*
 Date/Time *27.5.24 1:30pm*
 Signature *S. Bose* M. No. *870600651*

Receiver's Signature :



for Switchmeds

Authorized Signatory