

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

0205

Invoice No. : 1678/2023-24
Dated : 07-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 198-032024-25317
P.O Date : 5/3/24
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
TH Haliyal Taluka Hospital Haliyal Taluk
-a Haliyal Dist Uttar Pradesh
Kannada 581329

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

Party Mobile No : 8867417094
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. ERYTHROPOITIN 4000 IU 11020222:MRP-1,936.00:Exp.-30-08-2025	30021500	100.00	Pcs.	140.00	14,000.00
2.	INJ. HEPARIN (25000 I.U.) V2401-05b:MRP-335.00:Exp.-31-12-2025	30019091	35.00	Pcs.	125.00	4,375.00
3.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00
4.	NEBULISER MACHINE	90192090	1.00	Pcs.	890.00	890.00

Add : CGST @ 6.00 % 1,155.90
Add : SGST @ 6.00 % 1,155.90
Add : CGST @ 9.00 % 97.20
Add : SGST @ 9.00 % 97.20
Add : Freight & Forwarding Charges 1,855.00

Grand Total 142.00 Units 24,706.20

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%	4,375.00	262.50	262.50	525.00
30021500	12%	14,000.00	840.00	840.00	1,680.00
90192090	12%	890.00	53.40	53.40	106.80
Total		20,345.00	1,253.10	1,253.10	2,506.20

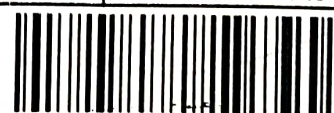
LR: 255220205

MAWB: 10140910081406

Box count: DOC

Client: DHYANCARGO10 B2BC

LM Pincod: 681329 OID: switch made 1678



10140910081454

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



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

5-Box