

GSTIN : 07CDLPD3827N226

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# TAX INVOICE Switchmeds

604, Sineja Tower 2 District Center, Janakpuri, Delhi  
Tel : 8866426670 email : switchmeds@gmail.com  
Drug Licence No : DL-JNK-145663  
DL NO. DL-JNK-145663

Invoice No. : 2000/2024-25	Vehicle No. :
Dated : 20-05-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 151-052024-26211
Reverse Charge : N	P.O Date : 17-05-2024
Bill/RR No. :	DRUG LIC NO :
Transport :	

<b>Billed to :</b> DCDC Health Services Private Limited 185, First Floor Lewah Line Industrial Area Mayapuri, Phase-II, Delhi, 110064	<b>Shipped to :</b> DCDC Health Services Private Limited MGM HOSPITAL WARANGAL MGM HOSPITAL,WARANGAL SUPER SPECIALITY BLOCK-506001
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 DL No. :	Party Mobile No : 9666966963 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :


S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <small>AB2401244, Mfg. Mar-2024; Exp. Feb-2026</small>	30019091	600.00	Pcs.	115.00	69,000.00
2.	PULSE OXIMETER	90189019	4.00	Pcs.	550.00	2,600.00
3.	SODIUM HYPO 10% (5 LTR) <small>VC20240272</small>	28289019	24.00	LTR	180.00	4,320.00
	Add : CGST			@	6.00 %	4,296.00
	Add : SGST			@	6.00 %	4,296.00
	Add : CGST			@	9.00 %	388.80
	Add : SGST			@	9.00 %	388.80
<b>Grand Total</b>			<b>628.00</b>	<b>Units</b>	<b>₹</b>	<b>85,289.60</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	18%	4,320.00	388.80	388.80	777.60
90189019	12%	69,000.00	4,140.00	4,140.00	8,280.00
28289019	12%	2,600.00	156.00	156.00	312.00
<b>Total</b>		<b>75,920.00</b>	<b>4,684.80</b>	<b>4,684.80</b>	<b>9,369.60</b>

Rupees Eighty Five Thousand Two Hundred Eighty Nine and Paise Sixty Only

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

**Terms & Conditions**  
D.E.  
Goods once sold will not be taken back.  
Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.  
Subject to Delhi Jurisdiction only.

Receiver's Signature :  
  
for Switchmeds  
Authorised Signatory

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... M. No. ....  
Signature .....  
1-Bundl  
12-Box