

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**

Invoice No. : 1830/2024-25  
Dated : 09-04-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : AUUA LOGISTICS

Vehicle No. :  
Station : KAITHAL  
P.O No. : 66-042024-25814  
P.O Date : 5/4/24  
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  
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 :  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( ` )
1.	INJ. ERYTHROPOITIN 4000 IU 11020229:MRP-0.00:Exp.-07-05-2024	30021500	800.00	Pcs.	140.00	1,12,000.00
2.	INJ. HEPARIN (25000 I.U.) AB240094A:MRP-335.00	30019091	100.00	Pcs.	115.00	11,500.00

Add : CGST @ 6.00 % 7,410.00  
Add : SGST @ 6.00 % 7,410.00  
Add : Freight & Forwarding Charges 2,590.00

**Grand Total 900.00 Pcs. 1,40,910.00**

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%	1,12,000.00	6,720.00	6,720.00	13,440.00
<b>Total</b>		<b>1,23,500.00</b>	<b>7,410.00</b>	<b>7,410.00</b>	<b>14,820.00</b>

**Rupees One Lakh Forty Thousand Nine Hundred Ten Only**

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

Stock/No. of Boxes Received 8 Box  
Subject to Physical Check  
Name/Employee Code Manu D. 2754  
Centre Name CH Kaithal  
Date/Time 11/5/24 8:00 PM  
Signature [Signature] M. No. 850650051

**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**