

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. : 1534/2023-2024
dated : 16-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
R/RR No. :
Transport : J. P TRANSPORTERS

Vehicle No. :
Station : HARYANA
P.O No. : 83-022024-25093
P.O Date : 7/2/2024
DRUG LIC NO :

Billed to :
CDC Health Services Private Limited
-185, First Floor
Newari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064
Party Mobile No :
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

Shipped to :
DCDC Health Services Private Limited
SKHM GOVT MEDICAL COLLEGE MEWAT SHKM
GOVT MEDICAL COLLEGE NALHAR MEWAT
HARYANA 122107
Party Mobile No : 8929946746
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. ERYTHROPOITIN 4000 IU <i>11020215:MRP-0.00:Exp.-30-06-2025</i>	30021500	500.00	Pcs.	140.00	70,000.00

Add : CGST	@	6.00 %	4,200.00
Add : SGST	@	6.00 %	4,200.00
Add : Freight & Forwarding Charges			1,429.00

Grand Total 500.00 Pcs. 79,829.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	70,000.00	4,200.00	4,200.00	8,400.00

Seventy Nine Thousand Eight Hundred Twenty Nine Only

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

Stock/No. of Boxes Received 4 Box
 Subject to Physical Check
 Name/Employee Code Shyam (200890)
 Centre Name SKHM MEWAT
 Date/Time 19-2-24 5:20 PM
 Signature [Signature] M. No. 7027270724

Terms & Conditions
O.E.
Goods once sold will not be taken back.
Interest @ 18% p.a. will be charged if the payment
not made with in the stipulated time.
Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds
Authorised Signatory