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GIN : 07CDLPD3827N2Z6

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. : 1564/2023-2024
Dated : 10-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 66-022024-25071
P.O Date : 7/2/2024
DRUG LIC NO :

Billed to :
DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

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

Shipped to :
DCDC Health Services Private Limited
Civil Hospital Kaithal Huda Sector 18
Patti Gadar Kaithal Haryana 136027

Party Mobile No : 8506000651
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) V2312-10B:MRP-0.00:Exp.-30-11-2025	30019091	50.00	Pcs.	125.00	6,250.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020219:MRP-1,936.00:Exp.-31-07-2025	30021500	200.00	Pcs.	140.00	28,000.00
3.	SODIUM HYPO 10% (5 LTR)	28289019	12.00	LTR	180.00	2,160.00
	Add : CGST			@	6.00 %	2,055.00
	Add : SGST			@	6.00 %	2,055.00
	Add : CGST			@	9.00 %	194.40
	Add : SGST			@	9.00 %	194.40
	Add : Freight & Forwarding Charges					1,429.00
Grand Total					262.00 Units	₹ 42,337.80


HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80
30019091	12%	6,250.00	375.00	375.00	750.00
30021500	12%	28,000.00	1,680.00	1,680.00	3,360.00
Total		36,410.00	2,249.40	2,249.40	4,498.80

Stock/No. of Boxes Received Three
Subject to Physical Check
Name/Employee Code Manu 10.10.2754
Centre Name (D.D.C.) H. Kaithal
Date/Time 9.09.24 5:00 PM
Signature M. No. 87660065

Rupees Forty Two Thousand Three Hundred Thirty Seven and Paise Eighty 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.

Receiver's Signature :

for Switchmeds
NEW DELHI
Authorised Signatory