

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

6-Box  
1-bundel

Invoice No. : 2582/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 59-092024-27474  
P.O Date : 04-09-2024  
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  
District Hospital Sultanpur  
Sultanpur, Faizabad-Sultanpur RD  
Majorganj, Majar Ganj Sultanpur-228001

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

Party Mobile No : 8574571722  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) GLH01N13	30019091	100.00	Pcs.	115.00	11,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	12.00	LTR	180.00	2,160.00

Add : CGST @ 6.00 % 690.00  
Add : SGST @ 6.00 % 690.00  
Add : CGST @ 9.00 % 194.40  
Add : SGST @ 9.00 % 194.40  
Add : Freight & Forwarding Charges 1,400.00

**Grand Total 112.00 Units ₹ 16,828.80**

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%	11,500.00	690.00	690.00	1,380.00
<b>Total</b>		<b>13,660.00</b>	<b>884.40</b>	<b>884.40</b>	<b>1,768.80</b>

Stock/No. of Boxes Received 2 Box  
Subject to Physical Check  
Name/Employee Code Manish / D000094  
Centre Name Sultanpur  
Date/Time 04/09/24 2 PM  
Signature [Signature] M. No. 8574571722

**Rupees Sixteen Thousand Eight Hundred Twenty Eight 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.
- Goods once sold will not be taken back.
  - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
  - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory