

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. : 1561/2023-2024
Dated : 10-02-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 64-022024-25037
P.O Date : 6/2/2024
DRUG LIC NO :

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

Shipped to :
DCDC Health Services Private Limited
Yathartha Hospital Plot No. 1 Sector 110
Near Maharishi Ashram, Noida 201304

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

Party Mobile No : 7697109398
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) <i>Glho1n13:MRP-0.00:Mfg.-31-10-2023:Exp.-3 0-09-2025</i>	30019091	120.00	Pcs.	125.00	15,000.00

Add : CGST @ 6.00 % 900.00
Add : SGST @ 6.00 % 900.00
Add : Freight & Forwarding Charges 1,429.00

Grand Total 120.00 Pcs. ₹ 18,229.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	15,000.00	900.00	900.00	1,800.00

Rupees Eighteen Thousand Two 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 120 Pcs
Subject to Physical Check
Name/Employee Code YOGESH/DC03199
Centre Name YATHARTHA HOSPITAL
Date/Time 24/02/2024
Signature [Signature] M. No. 9802001943

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 :



Authorised Signatory