

GSTIN : 07CDLPD3827NZZ6

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. : 1576/2023-2024  
Dated : 20-02-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : J. P TRANSPORTERS

Vehicle No. :  
Station : HARYANA  
P.O No. : 40-022024-25107  
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

**Shipped to :**  
DCDC Health Services Private Limited  
Civil Sonipat Civil Hospital Sonapat  
131001

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

Party Mobile No : 9729646548  
GSTIN / UIN :  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	Amount( )
1.	INJ. ERYTHROPOITIN 4000 IU 11020215:MRP-0.00:Exp.-30-06-2025	30021500	500.00	Pcs.	140.00	70,000.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	18.00	LTR	180.00	3,240.00
					Add : CGST @ 6.00 %	4,200.00
					Add : SGST @ 6.00 %	4,200.00
					Add : CGST @ 9.00 %	291.60
					Add : SGST @ 9.00 %	291.60
					Add : Freight & Forwarding Charges	3,674.00
<b>Grand Total</b>					<b>518.00 Units</b>	<b>85,897.20</b>


HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	3,240.00	291.60	291.60	583.20
30021500	12%	70,000.00	4,200.00	4,200.00	8,400.00
<b>Total</b>		<b>73,240.00</b>	<b>4,491.60</b>	<b>4,491.60</b>	<b>8,983.20</b>

Stock/No. of Boxes Received ..... 15 Boxes  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... 22-2-2024  
Signature .....  
M. No. 9506002244

**Rupees Eighty Five Thousand Eight Hundred Ninety Seven and Paise Twenty Only**

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

**Terms & Conditions**  
F & 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