

GSTIN : 07CDLPD3827N2Z6

258151402

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

4-Box

Invoice No. : 1707/2023-24	Vehicle No. :
Dated : 07-03-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 105-032024-25371
Reverse Charge : N	P.O Date : 5/3/24
GR/RR No. :	DRUG LIC NO :
Transport : .	

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 Chandauli Pt. Kamla Pati Tripathi District Combined Hospital Chandauli, 232104
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 8115409765 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. HEPARIN (25000 I.U.)	30019091	150.00	Pcs.	125.00	18,750.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	1,125.00
Add : SGST	@	6.00 %	1,125.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			1,855.00

Grand Total 156.00 Units 24,129.40

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	18,750.00	1,125.00	1,125.00	2,250.00
Total		19,830.00	1,222.20	1,222.20	2,444.40

Rupees Twenty Four Thousand One Hundred Twenty Nine and Paise Fc

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 :



	LR: 255151402
	MAWB: 10140910078875
	Box count: DDC
	Client: DHYANCARG310 S25C
LM Pincode: 232104	OID: switchmed 1707
10140910078875	

for Switchmeds
NEW DELHI
Authorised Signatory

Stock/No. of Boxes Received 4 boxes
Subject to Physical Check Done
Name/Employee Code
Centre Name Chandauli, UP
Date/Time 5/3/24 11:34 AM
Signature M. No. 8115409765

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

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Dated : 07-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .

Vehicle No. :
Station :
P.O No. : 105-032024-25371
P.O Date : 5/3/24
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 Chandauli Pt. Kamla
Pati Tripathi District Combined Hospital
Chandauli, 232104

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

Party Mobile No : 8115409765
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. HEPARIN (25000 I.U.) V2401-06A:MRP-335.00:Exp.-31-12-2025	30019091	150.00	Pcs.	125.00	18,750.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/263:MRP-0.00:Mfg.-01-02-2024	28289019	6.00	LTR	180.00	1,080.00
					Add : CGST @ 6.00 %	1,125.00
					Add : SGST @ 6.00 %	1,125.00
					Add : CGST @ 9.00 %	97.20
					Add : SGST @ 9.00 %	97.20
					Add : Freight & Forwarding Charges	1,855.00
Grand Total					156.00 Units	24,129.40

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28289019	18%	1,080.00	97.20	97.20	194.40
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Total		19,830.00	1,222.20	1,222.20	2,444.40

Rupees Twenty Four Thousand One Hundred Twenty Nine and Paise Forty Only

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

Stock/No. of Boxes Received 8 boxes

Subject to Physical Check Done

Name/Employee Code DC-02113

Centre Name D-11 Chandauli

Date/Time 18/03/24 11:39 AM

Signature [Signature] M. No. 8115409765

Terms & Conditions

E.& O.E.

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- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :

for Switchmeds
(NEW DELHI)

Authorised Signatory