

GSTIN : 07CDLPD3827N2Z6

### TAX INVOICE

## Switchmeds

Duplicate Copy

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. : 2462/2024-25  
Date : 16-08-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 169-082024-27027  
P.O Date : 05-08-2024  
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  
TH Athani  
TALUKA GENERAL HOSPITAL ATHANI  
Dialysis Unit, Near karanatak bank Miraj  
Road, Basvareshwar Circle-591304  
Party Mobile No : 9620715281  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

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

N. Description of Goods	HSN / SAC Cod	Qty.	Unit	Price	Amount(₹)
1. INJ. HEPARIN (25000 I.U.) AB240173A	30019091	100.00	Pcs.	115.00	11,500.00
Add : CGST @ 6.00 % Add : SGST @ 6.00 % Add : Freight & Forwarding Charges					1,000.00
<b>Grand Total</b>					<b>100.00 Pcs. ₹ 13,880.00</b>



HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30091	12%	11,500.00	690.00	690.00	1,380.00

pees Thirteen Thousand Eight Hundred Eighty Only

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

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code ..... *Sagar Kamble*  
Centre Name ..... *Athani*  
Date/Time ..... *16/08/24*  
Signature ..... *[Signature]* M. No. .... *861803960*

**Terms & Conditions**

Goods once sold will not be taken back.  
Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.  
Subject to 'Deini' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory