

GSTIN : 07CDLPD3827N2Z6

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# TAX INVOICE Switchmeds

604, Suneja Tower-2, District Center,, Janakpuri, Delhi  
Tel. : 999428970 email : switchmeds@gmail.com  
Drug Licence No. : DL-JNK-145663  
DL NO. DL-JNK-145663

Invoice No. : 1892/2024-25	Vehicle No. :
Dated : 09-04-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 93-042024-25831
Reverse Charge : N	P.O Date : 5/4/24
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  
Mahatma Gandhi Institute of Medical Scie  
-nce Hisar ITI Chowk,Behind Hari Place,T  
-osham Road Hisar 125001,

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

Party Mobile No : 7988339696  
GSTIN / UIN :  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty. Unit	Price	Amount( ` )
1.	INJ. HEPARIN (25000 I.U.) AB240094A:MRP-335.00	30019091	50.00 Pcs.	115.00	5,750.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	12.00 LTR	180.00	2,160.00

Add : CGST	@	6.00 %	345.00
Add : SGST	@	6.00 %	345.00
Add : CGST	@	9.00 %	194.40
Add : SGST	@	9.00 %	194.40
Add : Freight & Forwarding Charges			2,590.00

**Grand Total 62.00 Units 11,578.80**

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%	5,750.00	345.00	345.00	690.00
<b>Total</b>		<b>7,910.00</b>	<b>539.40</b>	<b>539.40</b>	<b>1,078.80</b>

**Rupees Eleven Thousand Five Hundred Seventy 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.
- 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: 260263091
	MAWB: 10140910090005
	Box count: DOC
	Client: DHANCIARGOTU B&B
LR Pincode: 125001	OID: switchmeds 892
101409100900075	

**for Switchmeds**

**Authorised Signatory**

Stock/No. of Boxes Received ..... 7 Boxes  
 Subject to Physical Check  
 Name/Employee Code ..... Paulan ..... DC02145.  
 Centre Name ..... MGIMS Hisar .....  
 Date/Time ..... 7/4/24 ..... 2:00 PM  
 Signature ..... M. No. 86072  
 28556

3091

7-Box