

GSTIN : 07CDLPD3827N2Z6

Duplicate 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. : 2465/2024-25
Dated : 16-08-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 70-082024-27071
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
Sadar Hospital Simdega
SADAR HOSPITAL,NH 23 THANA TOLLI
SALDEGA SIMDEGA JHARKHAND-835223

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

Party Mobile No : 8506000395
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.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 %	690.00
					Add : SGST @ 6.00 %	690.00
					Add : Freight & Forwarding Charges	1,100.00
Grand Total					100.00 Pcs.	₹ 13,980.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	11,500.00	690.00	690.00	1,380.00

Rupees Thirteen Thousand Nine Hundred 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 :



for Switchmeds

Authorized Signatory

Stock/No. of Boxes Received 01 Box
Subject to Physical Check
Name/Employee Code CHANDRA KA DEORA
Centre Name D.H. SIMDEGA
Date/Time 24/8/24, 8:15 PM
Signature M. No. 9852393824