

GSTIN : 07CDLPD3827N226

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. : 1575/2023-2024  
Dated : 10-02-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. :  
P.O Date : 54-022024-25104  
DRUG LIC NO : 7/2/2024

**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 Kushinagar District  
Combined Hospital Kushinagar Ravinadara  
Dhus Padrauna Up 274304

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

Party Mobile No : 8506007856  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) V2312-10B:MRP-0.00:Exp.-30-11-2025	30019091	300.00	Pcs.	125.00	37,500.00
	Stock/No. of Boxes Received ..... 1 Box.. Subject to Physical Check 300 Pcs Name/Employee Code ..... 0711K.....02119 Centre Name ..... D.C.H. Kushinagar Date/Time ..... 2.7.10.24 ..... 3.10 Signature ..... M. No. 8917001011					
	Add : CGST			@	6.00 %	2,250.00
	Add : SGST			@	6.00 %	2,250.00
	Add : Freight & Forwarding Charges					1,429.00
<b>Grand Total</b>			<b>300.00</b>	<b>Pcs.</b>	<b>₹</b>	<b>43,429.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	37,500.00	2,250.00	2,250.00	4,500.00

Signature ..... M. No. ....  
Date/Time .....  
Centre Name .....  
Name/Employee Code .....  
Subject to Physical Check .....  
Stock/No. of Boxes Received .....

**Rupees Forty Three Thousand Four Hundred Twenty Nine 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  
NEW DELHI

Authorised Signatory