

GSTIN : 07CDLPD3827N2Z6

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

2749  
11

Invoice No. : 2749/2024-25  
Dated : 09-10-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. : DL01LAL7150  
Station : ROHTAK  
P.O No. : 57-102024-27859  
P.O Date : 04-10-2024  
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  
Civil Hospital Rohtak  
Quilla RD, Company Bagh  
Rohtak, Haryana-124001

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

Party Mobile No : 8506000725  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11020253	30021500	600.00	Pcs.	140.00	84,000.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	12.00	LTR	180.00	2,160.00
Add : CGST @ 6.00 %						5,040.00
Add : SGST @ 6.00 %						5,040.00
Add : CGST @ 9.00 %						194.40
Add : SGST @ 9.00 %						194.40
Add : Freight & Forwarding Charges						7,500.00

**Grand Total 612.00 Units ₹ 1,04,128.80**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80
30021500	12%	84,000.00	5,040.00	5,040.00	10,080.00
<b>Total</b>		<b>86,160.00</b>	<b>5,234.40</b>	<b>5,234.40</b>	<b>10,468.80</b>

**Rupees One Lakh Four Thousand One Hundred Twenty 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.

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

Receiver's Signature :



for Switchmeds

Authorized Signatory

Stock/No. of Boxes Received .....  
Subject to Physical Check .....  
Name/Employee Code ..... D.C.O.U.70  
Centre Name ..... CIVIL ROHTAK  
Date/Time ..... 10-10-2024  
Signature ..... M. No. 8506000725