

GSTIN : 07CDLPA07N2Z6

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TAX INVOICE Switchmeds

6-Box

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. : 1976/2024-25	Vehicle No. :
Dated : 11-05-2024	Station :
Place of Supply : Delhi (07)	P O No. : 60-052024-26071
Reverse Charge : N	P O Date : 03-05-2024
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 CIVIL HOSPITAL NARNAUL CIVIL HOSPITAL NARNAUL NEW MOHALLA MANDI-123001
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9119154122 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	SODIUM HYPO 10% (5 LTR)	28289019	12.00	LTR	180.00	2,160.00
2.	INJ. HEPARIN (25000 I.U.) AB24013-1A	30019091	250.00	Pcs.	115.00	28,750.00
3.	INJ. ERYTHROPOITIN 4000 IU 11020236	30021500	700.00	Pcs.	140.00	98,000.00
	Add : CGST @ 6.00 %					7,605.00
	Add : SGST @ 6.00 %					7,605.00
	Add : CGST @ 9.00 %					194.40
	Add : SGST @ 9.00 %					194.40
	Add : Freight & Forwarding Charges					2,287.00
Grand Total					962.00 Units	₹ 1,46,795.80

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	15%	2,160.00	194.40	194.40	388.80
30019091	12%	28,750.00	1,725.00	1,725.00	3,450.00
30021500	12%	98,000.00	5,880.00	5,880.00	11,760.00
Total		1,28,910.00	7,799.40	7,799.40	15,598.80

Stock/No. of Boxes Received 6 Box
 Subject to Physical Check Yes
 Name/Employee Code M. Anshu DC02612
 Centre Name C.H. Narnaul
 Date/Time 01/06/2024, 10:30 AM
 Signature [Signature] 9467656135

Rupees One Lakh Forty Six Thousand Seven Hundred Ninety Five 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 within the stipulated time.
 3. Subject to 'Delta' Jurisdiction only.

Receiver's Signature :

 for Switchmeds
 Authorised Signatory