

GSTIN : 07CDLPD3827N2Z6

Original Copy

TAX INVOICE
Switchmeds

2762-6 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. : 2762/2024-25	Vehicle No. :
Dated : 10-10-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 100-102024-27796
Reverse Charge : N	P.O Date : 04-10-2024
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 DCDC Kidney Care-Moti Nagar H-1,Kailash Park,Near Moti Nagar Metro Station,Pillar No-330-110015
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 8051755839 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	12.00	LTR	180.00	2,160.00
					@ 9.00 %	194.40
					@ 9.00 %	194.40
Grand Total					12.00 LTR	₹ 2,548.80

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80

Rupees Two Thousand Five Hundred Forty 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 : _____
 Stock/No. of Boxes Received : 6
 Subject to Physical Check
 Name/Employee Code : _____
 Centre Name : _____
 Date/Time : _____
 Signature : _____
 M. No. : _____
for Switchmeds
Authorised Signatory

