

GSTIN : 07CDLPD3827N2Z6

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

2354
6

Invoice No. : 2354/2024-25
Dated : 12-07-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .

Vehicle No. : DL01LAG7813
Station : PANIPAT
P.O No. : 63-072024-26783-1
P.O Date : 10-07-2024
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 PANIPAT
CIVIL HOSPITAL PANIPAT OLD HOUSING
BOARD COLONY SUKHDEV NAGAR
OLD HOUSING BOARD PANIPAT-132103
Party Mobile No : 8506000689
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

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

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11020242	30021500	600.00	Pcs.	140.00	84,000.00
2.	INJ CARNISURE A23021J-Mfg.-Apr-2023:Exp.-Mar-2025	30049089	300.00	Pcs.	24.00	7,200.00
Add : CGST @ 6.00 % 5,472.00 Add : SGST @ 6.00 % 5,472.00 Add : Freight & Forwarding Charges 3,500.00						1,05,644.00
Grand Total					900.00 Pcs.	₹ 1,05,644.00

Stock No. of Boxes Received : 30049089
Subject to Physical Check
Name/Employee Code :
Centre Name :
Date/Time :
Signature : M. No.:

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	84,000.00	5,040.00	5,040.00	10,080.00
30049089	12%	7,200.00	432.00	432.00	864.00
Total		91,200.00	5,472.00	5,472.00	10,944.00

Rupees One Lakh Five Thousand Six Hundred Forty Four 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 :



DCDC CIVIL HOSPITAL PANIPAT
DCDC KIDNEY CENTRE
Stock No. of Boxes Received : 30049089
Subject to Physical Check
Name/Employee Code :
Centre Name :
Date/Time :
Signature : M. No.:

for Switchmeds
Authorized Signatory