

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

Invoice No. : 2713/2024-25
Dated : 08-10-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 205-102024-27806
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

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

Shipped to :

DCDC Health Services Private Limited
Urmila Memorial Hospital
Urmila Memorial Hospital (UMH)
Nahar RD, Near ISBT, Dhebar
City, Bhatagaon-493222

Party Mobile No : 7999223892
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)	
1.	INJ. HEPARIN (25000 I.U.) L1182442E	30019091	150.00	Pcs.	115.00	17,250.00	
<i>Add : CGST</i>						@ 6.00 %	1,035.00
<i>Add : SGST</i>						@ 6.00 %	1,035.00
<i>Add : Freight & Forwarding Charges</i>							2,000.00
Grand Total					150.00 Pcs.	₹	21,320.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00

Rupees Twenty One Thousand Three Hundred Twenty Only

Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB0001102

Stock/No. of Boxes Received *of box*

Subject to Physical Check

Name/Employee Code *DC03620*

Centre Name *UMH Raypur*

Date/Time *30.10.2024*

Signature *[Signature]* M. No. *7999223892*

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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds



Authorised Signatory