

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. : 1961/2024-25	Vehicle No. :
Dated : 10-05-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 44-052024-26006
Reverse Charge : N	P.O Date : 04-05-2024
GR/RR No. :	DRUG LIC NO :
Transport :	

<b>Billed to :</b> DCDC Health Services Private Limited C-185, First Floor Rewari Line Industrial Area Mayapuri, Phase-II, Delhi, 110064	<b>Shipped to :</b> DCDC Health Services Private Limited DISTRICT HOSPITAL MUZAFFAR NAGAR DISTRICT HOSPITAL ROORKEE RD LADDHAWALA-251001
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9634720912 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240134A:MRP-335.00	30019091	120.00	Pcs.	115.00	13,800.00
					Add : CGST @ 6.00 %	828.00
					Add : SGST @ 6.00 %	828.00
<b>Grand Total</b>					<b>120.00 Pcs.</b>	<b>₹ 15,456.00</b>


HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	13,800.00	828.00	828.00	1,656.00

**Rupees Fifteen Thousand Four Hundred Fifty Six Only**

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

Stock/No. of Boxes Received ..... 1800 .....  
Subject to Physical Check ..... ok .....  
Name/Employee Code ..... SPK .....  
Centre Name ..... Muzaffarnagar Unit .....  
Date/Time ..... 14/5/24 .....  
Signature ..... M. No. 9634720912

**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 : 



**for Switchmeds**  
**Authorised Signatory**