

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. : 1971/2024-25  
Dated : 11-05-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : DELHIVERY

Vehicle No. :  
Station : AMBALACANT  
P.O No. : 28-052024-26055  
P.O Date : 03-05-2024  
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  
CIVIL HOSPITAL AMBALA  
JAGADHARI ROAD PARSHURAM CHOWK  
SADAR BAZAR AMBALA CANT-133001

Party Mobile No : 8506000682  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( )
1.	INJ. ERYTHROPOITIN 4000 IU 11020229:Exp.-Dec-2025	30021500	500.00	Pcs.	140.00	70,000.00
2.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	200.00	Pcs.	115.00	23,000.00
					Add : CGST @ 6.00 %	5,580.00
					Add : SGST @ 6.00 %	5,580.00
					Add : Freight & Forwarding Charges	2,287.00
<b>Grand Total</b>					<b>700.00 Pcs.</b>	<b>1,06,447.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	23,000.00	1,380.00	1,380.00	2,760.00
30021500	12%	70,000.00	4,200.00	4,200.00	8,400.00
<b>Total</b>		<b>93,000.00</b>	<b>5,580.00</b>	<b>5,580.00</b>	<b>11,160.00</b>

**Rupees One Lakh Six Thousand Four Hundred Forty Seven Only**

Stock/No. of Boxes Received ..... 5 box  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. ....

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

**Terms & Conditions**

E.&amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

**Authorised Signatory**