

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. : 1893/2024-25	Vehicle No. :
Dated : 09-04-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 89-042024-25834
Reverse Charge : N	P.O Date : 5/4/24
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 District Hospital, Pilibhit Dialysis Unit District Hospital, Pilibhit Near Kendriya Vidyalaya, Tanakpur Road, Ekta Nagar, Pilibhit, Uttar Pradesh 262001, Party Mobile No : 9045801912
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9045801912 GSTIN / UIN : D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. HEPARIN (25000 I.U.) AB240094A:MRP-335.00	30019091	100.00	Pcs.	115.00	11,500.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	690.00
Add : SGST	@	6.00 %	690.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			2,590.00

Grand Total 106.00 Units 16,744.40

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	11,500.00	690.00	690.00	1,380.00
Total		12,580.00	787.20	787.20	1,574.40

LR: 260263352

MAWB: 10140910090716

Box count: DOC

Client: DHYANGARGO10 B20C

LM Pincode: 262001 OID: switchmeds 1893



10140910090753

Rupees Sixteen Thousand Seven Hundred Forty Four and Paise Forty O

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 :



for Switchmeds

Authorised Signatory

Stock/No. of Boxes Received 4

Subject to Physical Check

Name/Employee Code Mond Prasad / DC0923

Centre Name Pilibhit

Date/Time 18/4/24 12:12 PM

Signature M. Prasad M. No. 9045801912

3352

4-BOX