

GSTIN : 07CDLPD3827N2Z6

Duplicate 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

1-Box

Invoice No. : 2327/2024-25
Dated : 11-07-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 8-072024-26692
P.O Date : 04-07-2024
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
Kalra Hospital
A-4 5 6 Tulsi Dass Kalra Marg
Kirti Nagar-110015

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

Party Mobile No : 8051755839
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	30019091	80.00	Pcs.	115.00	9,200.00
<p>Stock/No. of Boxes Received 01 Box Subject to Physical Check Name/Employee Code DC00380 Centre Name Kalra Hospital Date/Time 13/07/24 P.M. No. Signature Add : CGST @ 6.00 % 552.00 Add : SGST @ 6.00 % 552.00</p>						
Grand Total			80.00	Pcs.	₹	10,304.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	9,200.00	552.00	552.00	1,104.00

Rupees Ten Thousand Three Hundred Four Only

DCDCHSPL CENTRE-KALRA HOSPITAL, KIRTI NAGAR
MATERIAL RECEIVED

DATE: 13/07/24
TIME: 6:14 PM RECEIVED BY: [Signature]
DC00380

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

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 with in the stipulated time.
 - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory