

GSTIN : 07CDLPD3827N2Z6

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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. : 2802/2024-25	Vehicle No. :
Dated : 15-10-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 44-102024-27882
Reverse Charge : N	P.O Date. : 04-10-2024
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 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.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	12.00	LTR	180.00	2,160.00

Add : CGST @ 9.00 %	194.40
Add : SGST @ 9.00 %	194.40
Add* : Freight & Forwarding Charges	1,200.00

Grand Total 12.00 LTR ₹ 3,748.80

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80

Rupees Three Thousand Seven Hundred Forty Eight and Paise Eighty Only

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

Stock/No. of Boxes Received 6 Box
 Subject to Physical Check ok
 Name/Employee Code Soni
 Centre Name Muzaffar Nagar
 Date/Time 11.11.24
 Signature [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