

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. : 1992/2024-25  
Dated : 11-05-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 162-052024-25988  
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  
TH SIRSI  
PANDIT GOVT GENERAL HOSPITAL  
SIRSI, DIALYSIS UNIT CHURCH  
ROAD-581401

Party Mobile No : 9448080706  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1 ✓	INJ. ERYTHROPOITIN 4000 IU 11020229:MRP-0.00:Exp.-07-05-2024 DEC 2025	30021500	100.00	Pcs.	140.00	14,000.00
2 ✓	INJ. HEPARIN (25000 I.U.) AB240134A:MRP-335.00	30019091	200.00	Pcs.	115.00	23,000.00

Add : CGST @ 6.00 % 2,220.00  
Add : SGST @ 6.00 % 2,220.00  
Add : Freight & Forwarding Charges 4,574.00

**Grand Total 300.00 Pcs. ₹ 46,014.00**

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%	14,000.00	840.00	840.00	1,680.00
<b>Total</b>		<b>37,000.00</b>	<b>2,220.00</b>	<b>2,220.00</b>	<b>4,440.00</b>

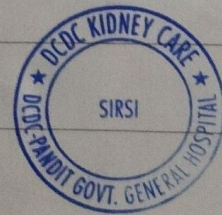
Stock/No. of Boxes Received ..... 2 .....  
Subject to Physical Check  
Name/Employee Code ..... DC03404 .....  
Centre Name ..... SIRSI .....  
Date/T ..... 11/05/24 .....  
Signature ..... Rana ..... 9448080706

**Rupees Forty Six Thousand Fourteen Only**

**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**