

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. : 2366/2024-25  
Dated : 23-07-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 226-072024-26801-4  
P.O Date : 22-07-2024  
DRUG LIC NO :

**Billed to :**  
DCDC Health Services Private Limited  
C-185, First Floor  
Rewari Line Industrial Area  
Mayapuri, Phase-II, Delhi, 110064  
  
Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

**Shipped to :**  
DCDC Health Services Private Limited  
JEEVAN JYOTI HOSPITAL  
JEEVAN JYOTI HOSPITAL 2ND FLOOR  
DARRIPARA RING ROAD AMBIKAPUR  
DIST-SURGUJA-497001  
Party Mobile No : 8210919785  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( )
1.	INJ. HEPARIN (25000 I.U.) AB240099A	30019091	150.00	Pcs.	115.00	17,250.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	24.00	LTR	180.00	4,320.00

Add : CGST	@	6.00 %	1,035.00
Add : SGST	@	6.00 %	1,035.00
Add : CGST	@	9.00 %	388.80
Add : SGST	@	9.00 %	388.80
Add : Freight & Forwarding Charges			2,100.00

**Grand Total 174.00 Units**

**26,517.60**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	4,320.00	388.80	388.80	777.60
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00
<b>Total</b>		<b>21,570.00</b>	<b>1,423.80</b>	<b>1,423.80</b>	<b>2,847.60</b>

**Rupees Twenty Six Thousand Five Hundred Seventeen and Paise Sixty 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  
  
Authorized Signatory

Stock/No. of Boxes Received .....  
Subject to Physical Check  
Name/Employee Code ..... DC-02372  
Centre Name ..... Jeevan Jyoti  
Date/Time .....  
Signature ..... M. No. 856000462