

GSTIN : 07CDLPD3827N2Z6

TAX INVOICE

Original Copy

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

6888

Invoice No. : 1668/2023-24
Dated : 07-03-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 195-032024-25297
P.O Date : 5/3/24
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
TH Byadgi Government General Hospital
Agasanhalli Road Byadgi
581106

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

Party Mobile No : 9113647411
GSTIN / UIN :
D.L. No. :

N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. ERYTHROPOITIN 4000 IU 11020222:MRP-1,936.00:Exp.-30-08-2025	30021500	100.00	Pcs.	140.00	14,000.00
2.	INJ. HEPARIN (25000 I.U.) V2401-05b:MRP-335.00:Exp.-31-12-2025	30019091	100.00	Pcs.	125.00	12,500.00
3.	SODIUM HYPO 10% (5 LTR)	28289019	6.00	LTR	180.00	1,080.00
4.	GLUCOSTRIPS (ACCUSURE)	90189099	500.00	Pcs.	8.00	4,000.00
5.	DIGITAL THERMOMETER	90251910	2.00	Pcs.	65.00	130.00

Add : CGST	@	6.00 %	1,830.00
Add : SGST	@	6.00 %	1,830.00
Add : CGST	@	9.00 %	108.90
Add : SGST	@	9.00 %	108.90
Add : Freight & Forwarding Charges			1,855.00

Grand Total 708.00 Units 37,442.80

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%	12,500.00	750.00	750.00	1,500.00
30021500	12%	14,000.00	840.00	840.00	1,680.00
90189099	12%	4,000.00	240.00	240.00	480.00
90251910	18%	130.00	11.70	11.70	23.40
Total		31,710.00	1,938.90	1,938.90	3,877.80



LR: 255216888
MAWB: 10140910080581
Box count: DDC
Client: DHYANCARG010 B28C
LM Pincode: 681106 OID: switch made 1668



10140910080636

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



5 box

Stock/No. of Boxes Received 05
Subject to Physical Check Suneja A.M.
Name/Employee Code Byadgi
Centre Name 2578312024
Date/Time 5.28.24
Signature M. No. 6361354954

for Switchmeds
NEW DELHI
Authorised Signatory
DCDC HEALTH SERVICES PRIVATE LIMITED
BYADGI
BYADGI
DCDC GOVERNMENT GENERAL HOSPITAL