

GST : 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. : 2398/2024-25  
Dated : 09-08-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :Vehicle No. :  
Station :  
P.O No. : 199-082024-26906  
P.O Date : 05-08-2024  
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  
TH Yellapura  
Taluka Hospital Yallapur  
Taluka Yallapur, Dist. Uttar Kannada  
Pin Code-581359Party Mobile No :  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :Party Mobile No : 9686989388  
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	100.00	Pcs.	115.00	11,500.00
					Add : CGST @ 6.00 %	690.00
					Add : SGST @ 6.00 %	690.00
					Add : Freight & Forwarding Charges	1,100.00
<b>Grand Total</b>					<b>100.00 Pcs.</b>	<b>₹ 13,980.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	11,500.00	690.00	690.00	1,380.00

Rupees Thirteen Thousand Nine Hundred Eighty Only

Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
A/C NO. 921020027370029 IFS CODE: UTIB0001102Stock/No. of Boxes Received : ① Box  
Subject to Physical Check  
Name/Employee Code : Drakshayani  
Centre Name : Taluka Hospital Yellapura  
Date/Time : 21/08/2024 11:30 AM  
Signature : [Signature] M No 8792715655**Terms & Conditions**

E.&amp; 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