

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

2128  
9

Invoice No. : 2128/2024-25  
Dated : 08-06-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : .

Vehicle No. :  
Station :  
P.O No. : 31-062024-26366  
P.O Date : 04-06-2024  
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  
Sadar Hospital Bokaro  
SADAR HOSPITAL ROOM NO 208  
CAMP NO -2 NEAR DC OFFICE-827001

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

Party Mobile No : 8506000228  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	100.00	Pcs.	115.00	11,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/271	28289019	6.00	LTR	180.00	1,080.00
	Add : CGST			@	6.00 %	690.00
	Add : SGST			@	6.00 %	690.00
	Add : CGST			@	9.00 %	97.20
	Add : SGST			@	9.00 %	97.20
	Add : Freight & Forwarding Charges					1,056.00
<b>Grand Total</b>					<b>106.00 Units</b>	<b>₹ 15,210.40</b>

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%	11,500.00	690.00	690.00	1,380.00
<b>Total</b>		<b>12,580.00</b>	<b>787.20</b>	<b>787.20</b>	<b>1,574.40</b>

**Rupees Fifteen Thousand Two Hundred Ten and Paise Forty 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

Stock/No. of Boxes Received ..... 4  
 Subject to Physical Check .....  
 Name/Employee Code .....  
 Centre Name .....  
 Date/Time .....  
 Signature ..... M. No. ....

