

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. : 1637/2023-24  
 Dated : 07-03-2024  
 Place of Supply : Delhi (07)  
 Reverse Charge : N  
 GR/RR No. :  
 Transport : .

Vehicle No. :  
 Station :  
 P.O No. : 31-032024-25356  
 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

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

**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 : 8506000228  
 GSTIN / UIN :  
 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( )
1.	INJ. HEPARIN (25000 I.U.) V2401-05B:MRP-335.00:Exp.-31-12-2025	30019091	50.00	Pcs.	125.00	6,250.00
					Add : CGST @ 6.00 %	375.00
					Add : SGST @ 6.00 %	375.00
<b>Grand Total</b>			<b>50.00</b>	<b>Pcs.</b>		<b>7,000.00</b>

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	6,250.00	375.00	375.00	750.00

**Rupees Seven Thousand Only**

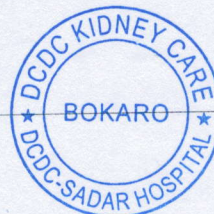
**Bank Details :** A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK  
 A/C NO. 921020027370029 IFSC CODE: UTIB0001102

Stock/No. of Boxes Received ..... 1 .....  
 Subject to Physical Check .....  
 Name/Employee Code ..... 166 .....  
 Centre Name ..... BOKARO .....  
 Date/Time ..... 30/3/24 .....  
 Signature ..... M. No. 8506000228

**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 :



Authorised Signatory