

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

Table with 2 columns: Invoice details (Invoice No., Dated, Place of Supply, Reverse Charge, GR/RR No., Transport) and Vehicle details (Vehicle No., Station, P.O No., P.O Date, DRUG LIC NO).

Table with 2 columns: Billed to (DCDC Health Services Private Limited, C-185, First Floor, Rewari Line Industrial Area, Mayapuri, Phase-II, Delhi, 110064) and Shipped to (DCDC Health Services Private Limited, TH Byadgi, Government General Hospital, Agasanhalli Road, Byadgi-581106). Includes Party Mobile No., GSTIN / UIN, and D.L. No.

Main table with 6 columns: S.N., Description of Goods, HSN/SAC Cod, Qty, Unit, Price, Amount(₹). Row 1: 1. INJ. ERYTHROPOITIN 4000 IU (11020239), 30021500, 120.00 Pcs., 140.00, 16,800.00.

Summary table for taxes: Add : CGST @ 6.00 % (1,008.00), Add : SGST @ 6.00 % (1,008.00), Add : Freight & Forwarding Charges (746.00).

Grand Total 120.00 Pcs. ₹ 19,562.00

Summary table for tax rates: HSN/SAC, Tax Rate, Taxable Amt., CGST Amt., SGST Amt., Total Tax. Row 1: 30021500, 12%, 16,800.00, 1,008.00, 1,008.00, 2,016.00.

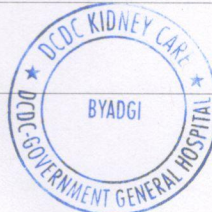
Rupees Nineteen Thousand Five Hundred Sixty Two Only

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

Stock/No. of Boxes Received 01
Subject to Physical Check
Name Employee Code Sumel A.M.
Centre Name Byadgi Unit
Date 18.06.2024
Signature Sumit M. No. 6361259951

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