

GSTIN 7CDLPD3827N2Z6

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. : 2162/2024-25	Vehicle No. :
Dated : 08-06-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 193-062024-26463
Reverse Charge : N	P.O Date : 06-06-2024
GR/RR No. :	DRUG LIC NO :
Transport :	

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 SHIGGAON GOVERNMENT GENERAL HOSPITAL SAVANUR ROAD,SHIGGAON-581205
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 9113647411 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. ERYTHROPOITIN 4000 IU 11020239	30021500	120.00	Pcs.	140.00	16,800.00
					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

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	16,800.00	1,008.00	1,008.00	2,016.00


Stock/No. of Boxes Received 1 Box
Subject to Physical Check
Name/Employee Code
Centre Name Shigmaon
Date/Time 25.6.24 11.30am
Signature 7829454127

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

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