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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

G.C.N.No.:  
Date: 18/4  
Ref: 29-Sep  
Retz: 79784

ad, Anthen

Invoice No. : 2678/2024-25	Vehicle No. :
Dated : 27-09-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 188-092024-27333
Reverse Charge : N	P.O Date : 04-09-2024
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

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

**Shipped to :**  
DCDC Health Services Private Limited  
TH Kalghatgi  
Kalagatgi Taluka Hospital, Dialysis Unit  
Kalagatgi, Dist-Dharwad-581204

Party Mobile No : 8904638969  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) L1182442E	30019091	100.00	Pcs.	115.00	11,500.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020247	30021500	100.00	Pcs.	140.00	14,000.00

Add : CGST @ 6.00 % 1,530.00  
Add : SGST @ 6.00 % 1,530.00  
Add : Freight & Forwarding Charges 2,200.00

**Grand Total 200.00 Pcs. ₹ 30,760.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	11,500.00	690.00	690.00	1,380.00
30021500	12%	14,000.00	840.00	840.00	1,680.00
<b>Total</b>		<b>25,500.00</b>	<b>1,530.00</b>	<b>1,530.00</b>	<b>3,060.00</b>

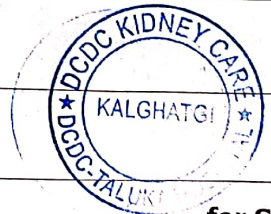
Stock/No. of Boxes Received ..... 2 Box  
Subject to Physical Check  
Name/Employee Code ..... sanal 0603734  
Cell Name .....  
Date/Time ..... 17/10/24 14:00 pm  
Signature ..... M. No. 8904638969

**Rupees Thirty Thousand Seven Hundred Sixty 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**