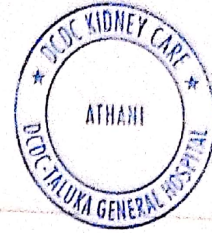


GSTIN : 07CDLPD3827N2Z6

TAX INVOICE
Switchmeds

Original Copy

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. : 2314/2024-25
Dated : 11-07-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : DELHIVERY

Vehicle No. :
Station : ATHANI
P.O No. : 169-072024-26554
P.O Date : 04-07-2024
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
TH Athani
TALUKA GENERAL HOSPITAL ATHANI
Dialysis Unit.Near karanatak Bank
Miraj Road,Basvareshwar Circle-591304
Party Mobile No : 9620715281
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. HEPARIN (25000 I.U.) 45240134A	30019091	250.00	Pcs.	115.00	28,750.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020242	30021500	200.00	Pcs.	140.00	28,000.00
Add : CGST @ 6.00 %						3,405.00
Add : SGST @ 6.00 %						3,405.00
Add : Freight & Forwarding Charges						3,000.00
Grand Total					450.00 Pcs.	66,560.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	28,750.00	1,725.00	1,725.00	3,450.00
30021500	12%	28,000.00	1,680.00	1,680.00	3,360.00
Total		56,750.00	3,405.00	3,405.00	6,810.00

Stock/No. of Boxes Received 03
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature M. No. (962071528)

Rupees Sixty Six Thousand Five 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