

GSTIN :: 07CDLPD3827N2Z6

Duplicate 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. : 2333/2024-25	Vehicle No. :
Dated : 11-07-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 105-072024-26714
Reverse Charge : N	P.O Date : 04-07-2024
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 District Hospital Chandauli PT Kamla Pati Tripathi District Combined Hospital Chandauli-232104
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 8115409765 GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	6.00	LTR	180.00	1,080.00
2.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	150.00	Pcs.	115.00	17,250.00

Add : CGST	@	6.00 %	1,035.00
Add : SGST	@	6.00 %	1,035.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			1,800.00

Grand Total 156.00 Units ₹ 22,394.40

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00
Total		18,330.00	1,132.20	1,132.20	2,264.40


Stock/No. of Boxes Received ... 4 boxes
Subject to Physical Check Done
Name/Employee Code ... D.C.O.2113
Centre Name ... DM Chandauli
Date/Time ... 27/07/24 12:30 AP
Signature ... [Signature] M. No. ... 8115409765

Rupees Twenty Two Thousand Three Hundred Ninety Four and Paise Forty 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

Reji Heparin 2 pcs damaged (Broken).

GSTIN : 07CDLPD3827N2Z6

Credit Note

Switchmeds

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Tel. : 9999428970 email : switchmeds@gmail.com

Drug Licence No. : DL-JNK-145663

Party Details :

DCDC Health Services Private Limited
C-185, First Floor
Rewari Line Industrial Area
Mayapuri, Phase-II, Delhi, 110064

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

Cr. Note No. : 28
Cr. Note Date : 27-07-2024
Org. Inv. No. : 2333/2024-25
Org. Inv. Date : 11-07-2024
GR/RR No. :
Transport :
Vehicle No. :
Station :
E-Way Bill No. :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	List Price	Discount	Price	Amount()
1.	INJ. HEPARIN (25000 I.U.)	30019091	2.00	Pcs.	115.00	0.00 %	115.00	230.00
								230.00
							Add : CGST @ 6.00 %	13.80
							Add : SGST @ 6.00 %	13.80
Grand Total 2.00 Pcs.								257.60

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
12%	230.00	13.80	13.80	27.60

Rupees Two Hundred Fifty Seven and Paise Sixty Only

Terms & Conditions
E.& O.E.

Receiver's Signature :

Stock/No. of Boxes Received ... 4 boxes.
Subject to Physical Check Done
Name/Employee Code D.02113.....
Centre Name D.H. Chandan.....
Date/Time ... 27/07/24, 5:00 PM
Signature M. No. 811520976

for Switchmeds

Authorised Signatory

