

## 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. : 2504/2024-25  
Dated : 20-08-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : AUUA LOGISTICS

Vehicle No. :  
Station : ANKOLA  
P.O No. : 161-082024-26934  
P.O Date : 05-08-2024  
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 Ankola  
ANKOLA TALUKA GOVT HOSPITAL  
Dialysis Unit.Near Police Station-58131

Party Mobile No : 8197199737  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( ` )
1.	INJ. HEPARIN (25000 I.U.) AB240173A	30019091	200.00	Pcs.	115.00	23,000.00
2.	INJ. Iron Sucrose (100 Mg)	30049099	200.00	Pcs.	26.00	5,200.00
3.	INJ. ERYTHROPOITIN 4000 IU 11020243	30021500	400.00	Pcs.	140.00	56,000.00

Add : CGST @ 6.00 % 5,052.00  
Add : SGST @ 6.00 % 5,052.00  
Add : Freight & Forwarding Charges 6,900.00

Grand Total 800.00 Pcs.

1,01,204.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	23,000.00	1,380.00	1,380.00	2,760.00
30021500	12%	56,000.00	3,360.00	3,360.00	6,720.00
30049099	12%	5,200.00	312.00	312.00	624.00
<b>Total</b>		<b>84,200.00</b>	<b>5,052.00</b>	<b>5,052.00</b>	<b>10,104.00</b>



Stock/No. of Boxes Received ..... 05  
Subject to Physical Check  
Name/Employee Code ..... 2103559  
Centre Name ..... TH Ankola  
Date/Time ..... 20/08/2024  
Signature ..... M. No. 8197199737

Rupees One Lakh One Thousand Two Hundred Four Only

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

## Terms &amp; Conditions

- E.& O.E.
- Goods once sold will not be taken back.
  - Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
  - Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds  
Authorised Signatory