

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. : 1644/2023-24	Vehicle No. :
Dated : 12-03-2024	Station : HARYANA
Place of Supply : Delhi (07)	P.O No. : 61-032024-25383
Reverse Charge : N	P.O Date : 5/3/24
GR/RR No. :	DRUG LIC NO :
Transport : DELHIVERY	

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
Civil Hospital Rewari Civil Hospital
Rewari Kayasthwarra Mohalla Rewari
Haryana 123401

Party Mobile No : 9817435163
GSTIN / UIN :
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(`)
1.	INJ. HEPARIN (25000 I.U.)	30019091	150.00	Pcs.	125.00	18,750.00
2.	INJ. ERYTHROPOITIN 4000 IU	30021500	300.00	Pcs.	140.00	42,000.00

No. of Boxes Received 3
 Subject to Physical Check
 Name/Employee Code Meha (0602612)
 Centre Name Rewari
 Date/Time 14-3-24 Add : GST
 Signature M Add : GST

@	6.00 %	3,645.00
@	6.00 %	3,645.00
		1,855.00

Grand Total 450.00 Pcs. 69,895.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	18,750.00	1,125.00	1,125.00	2,250.00
30021500	12%	42,000.00	2,520.00	2,520.00	5,040.00
Total		60,750.00	3,645.00	3,645.00	7,290.00


3-Box

Rupees Sixty Nine Thousand Eight Hundred Ninety Five 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
NEW DELHI

Authorised Signatory