

GSTIN : 07CDLPD3827N2Z6

Original 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. : 2080/2024-25  
Dated : 06-06-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

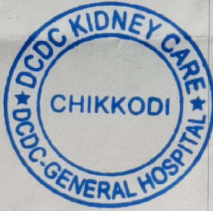
Vehicle No. :  
Station :  
P.O No. : 185-062024-26288  
P.O Date : 04-06-2024  
DRUG LIC NO :

**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  
TH Chikkodi  
General Hospital Chikodi, MN Road  
Near Bus Stop Chikodi, Dist  
Belagavi-591201  
Party Mobile No : 8880215789  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

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

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240134A	30019091	20.00	Pcs.	115.00	2,300.00
					Add : CGST @ 6.00 %	138.00
					Add : SGST @ 6.00 %	138.00
<b>Grand Total</b>					<b>20.00 Pcs.</b>	<b>₹ 2,576.00</b>



HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	2,300.00	138.00	138.00	276.00

**Rupees Two Thousand Five Hundred Seventy Six 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 :



Stock/No. of Boxes Received ..... 1  
Subject to Physical Check  
Name/Employee Code ..... DCO 3529  
Centre Name ..... Chikodi  
Date/Time ..... 20/06/2024  
Signature ..... M. No. ....

for Switchmeds



Authorized Signatory

