GSTIN : 07CDLPD3827N2Z6

Duplicate Copy

2-Box

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.	: 1986/2024-25	Vehicle No.	:
Dated	: 11-05-2024	Station	:
Place of Supply	: Delhi (07)	P.O No.	: 27-052024-26129
Reverse Charge	: N	P.O Date	: 03-05-2024
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

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

Shipped to :
DCDC Health Services Private Limited
CIVIL HOSPITAL HISAR
CIVIL HOSPITAL TAYAL BAGH COLONY
NEAR BUS STAND-125001

Party Mobile No : 7015463300
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU *11020236*	30021500	300.00	Pcs.	140.00	42,000.00
	Add : CGST			@	*6.00 %*	2,520.00
	Add : SGST			@	*6.00 %*	2,520.00
	Add : Freight & Forwarding Charges					2,287.00
	Grand Total		**300.00**	**Pcs.**	₹	**49,327.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30021500	12%	42,000.00	2,520.00	2,520.00	5,040.00

Boxes Received 2
Stock/No. of Boxes Received 2
Subject to Physical Check
Name/Employee Code DC03254
Centre Name CIVIL HISAR
Date/Time 01-06-24
Signature M. No. 7015463300

Rupees Forty Nine Thousand Three Hundred Twenty Seven 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