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.	: 2448/2024-25	Vehicle No.	:
Dated	: 14-08-2024	Station	:
Place of Supply	: Delhi (07)	P.O No.	: 198-082024-26911
Reverse Charge	: N	P.O Date	: 05-08-2024
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
TH Haliyal
Taluka Hospital Haliyal.Taluka Haliyal
Dist.Uttar Kannada-581329

Party Mobile No : 9449373161
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	100.00	Pcs.	115.00	11,500.00
	Add : CGST			@	*6.00 %*	690.00
	Add : SGST			@	*6.00 %*	690.00
	Add : Freight & Forwarding Charges					950.00
	Grand Total		**100.00**	**Pcs.**	₹	**13,830.00**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	11,500.00	690.00	690.00	1,380.00

Rupees Thirteen Thousand Eight Hundred Thirty Only

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

DCDC KIDNEY CARE ★ DCDC-TALUKA HOSPITAL ★ HALIYAL

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 01
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature
M. No.

for Switchmeds

Authorised Signatory