

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

3-Box  
1-bundle

Invoice No. : 2575/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport : . .

Vehicle No. :  
Station :  
P.O No. : 148-092024-27459  
P.O Date : 04-09-2024  
DRUG LIC NO :  
*1023*

**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  
District Hospital Auraiya  
District Hospital Kakor Road  
Chicholi Village-206122

Party Mobile No : 8083243140  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) GLH01N13	30019091	100.00	Pcs.	115.00	11,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	690.00
Add : SGST	@	6.00 %	690.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			1,400.00

**Grand Total 106.00 Units ₹ 15,554.40**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	1,080.00	97.20	97.20	194.40
30019091	12%	11,500.00	690.00	690.00	1,380.00
<b>Total</b>		<b>12,580.00</b>	<b>787.20</b>	<b>787.20</b>	<b>1,574.40</b>

Stock/No. of Boxes Received ..... *4 boxes*  
Subject to Physical Check *OK*  
Name/Employee Code .....  
Centre Name .....  
Date/Time .....  
Signature ..... M. No. *8083243140*

**Rupees Fifteen Thousand Five Hundred Fifty Four and Paise Forty 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