

GSTIN : 07CDLPD3827N2Z6

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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

2992
10 BOX

Invoice No. : 2492/2024-25
Dated : 20-08-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. : DL01LAL7150
Station : NARNAUL
P.O No. : 60-082024-26881
P.O Date : 05-08-2024
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
Civil Hospital Narnaul
Civil Hospital Narnaul, New Mohalla
Mandi-123001

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

Party Mobile No : 9119154122
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB2401734	30019091	150.00	Pcs.	115.00	17,250.00
2.	INJ. ERYTHROPOITIN 4000 IU 11020245	30021500	400.00	Pcs.	140.00	56,000.00
3.	SODIUM HYPO 10% (5 LTR)	28289019	12.00	LTR	180.00	2,160.00
	Add : CGST			@	6.00 %	4,395.00
	Add : SGST			@	6.00 %	4,395.00
	Add : CGST			@	9.00 %	194.40
	Add : SGST			@	9.00 %	194.40
	Add : Freight & Forwarding Charges					6,000.00
Grand Total					562.00 Units	₹ 90,588.80

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	2,160.00	194.40	194.40	388.80
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00
30021500	12%	56,000.00	3,360.00	3,360.00	6,720.00
Total		75,410.00	4,589.40	4,589.40	9,178.80

Stock/No. of Boxes Received 10 BOX
Subject to Physical Check Yes
Name/Employee Code Madhu DC02612
Centre Name C. H. Narnaul
Date/Time 28/08/2024 1:30 PM
Signature [Signature] M. No. 9467656135

Rupees Ninety Thousand Five Hundred Eighty Eight and Paise Eighty 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