

GSTIN : 07CDLPD3827N2Z6

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

Original Copy

3-Box  
- 1-bundle

Invoice No. : 2568/2024-25  
Dated : 13-09-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 72-092024-27448  
P.O Date : 04-09-2024  
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  
Ambedkar Nagar Combined Hospital  
Akbarpur, Ambedkar Nagar  
Uttar Pradesh-224122

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

Party Mobile No : 8931807697  
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	200.00	Pcs.	115.00	23,000.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/292	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	1,380.00
Add : SGST	@	6.00 %	1,380.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20
Add : Freight & Forwarding Charges			2,100.00

**Grand Total 206.00 Units ₹ 29,134.40**

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%	23,000.00	1,380.00	1,380.00	2,760.00
<b>Total</b>		<b>24,080.00</b>	<b>1,477.20</b>	<b>1,477.20</b>	<b>2,954.40</b>

**Rupees Twenty Nine Thousand One Hundred Thirty Four and Paise Forty Only**

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

Stock/No. of Boxes Received ..... **4**  
Subject to Physical Check  
Name/Employee Code ..... **Deo3100**  
Centre Name ..... **Ambedkar**  
Date/Time ..... **23/9/24**  
Signature ..... **Shevashy** M. No. **8931807697**

**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 within the stipulated time.
  3. Subject to Delhi Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory