

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**

2390  
/ 4

Invoice No. : 2390/2024-25  
Dated : 08-08-2024  
Place of Supply : Delhi (07)  
Reverse Charge : N  
GR/RR No. :  
Transport :

Vehicle No. :  
Station :  
P.O No. : 12-082024-26885  
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

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

**Shipped to :**

DCDC Health Services Private Limited  
Tarak Hospital  
C-7 Jai Bharat Enclave Dwarka More  
New Delhi Najafgarh RD  
Block C Dwarka-110059

Party Mobile No : 8929037740  
GSTIN / UIN : 07AAFCD0204K1Z1  
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240099A	30019091	80.00	Pcs.	115.00	9,200.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/284	28289019	6.00	LTR	180.00	1,080.00

Add : CGST	@	6.00 %	552.00
Add : SGST	@	6.00 %	552.00
Add : CGST	@	9.00 %	97.20
Add : SGST	@	9.00 %	97.20

**Grand Total**      **86.00 Units**      ₹      **11,578.40**

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%	9,200.00	552.00	552.00	1,104.00
<b>Total</b>		<b>10,280.00</b>	<b>649.20</b>	<b>649.20</b>	<b>1,298.40</b>

Stock/No. of Boxes Received ..... 4 Box  
Subject to Physical Check   
Name/Employee Code .....  
Centre Name ..... Tarak Hospital  
Date/Time ..... 6.20 ..... 12-8-24  
Signature ..... M. No. ....  
8929037740

**Rupees Eleven Thousand Five Hundred Seventy Eight 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. &amp; O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

**Authorised Signatory**

