

G. : 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

Invoice No. : 2609/2024-25
Dated : 16-09-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport :

Vehicle No. :
Station :
P.O No. : 105-092024-27360
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
District Hospital Chandauli
Pt.Kamla Pati Tripathi District
Pt.Kamla Pati Tripathi District
Pin Code-232104
Party Mobile No : 8115409765
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

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

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. HEPARIN (25000 I.U.) AB240207A	30019091	150.00	Pcs.	115.00	17,250.00
Add : CGST @ 6.00 %						1,035.00
Add : SGST @ 6.00 %						1,035.00
Add : Freight & Forwarding Charges						1,600.00
Grand Total					150.00 Pcs.	₹ 20,920.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	17,250.00	1,035.00	1,035.00	2,070.00

Stock/No. of Boxes Received one
Subject to Physical Check Done
Name/Employee Code D. Chaudhary
Centre Name DH Chandauli UP
Date/Time 23/09/24 2:50 PM
Signature [Signature] M. No. 8115409765

Rupees Twenty Thousand Nine Hundred Twenty Only

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

Terms & Conditions

- E.& 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