

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. : 1978/2024-25
Dated : 11-05-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : .

Vehicle No. :
Station :
P.O No. : 41-052024-26088
P.O Date : 03-05-2024
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 GHAZIABAD
DISTRICT COMBINED HOSPITAL
SECTOR-23-201001

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

Party Mobile No : 8506002727
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount()
1.	INJ. HEPARIN (25000 I.U.) AB210134A	30019091	300.00	Pcs.	115.00	34,500.00
2.	SODIUM HYPO 10% (5 LTR) VC2024/271	28289019	24.00	LTR	180.00	4,320.00

Add : CGST @ 6.00 % 2,070.00
Add : SGST @ 6.00 % 2,070.00
Add : CGST @ 9.00 % 388.80
Add : SGST @ 9.00 % 388.80
Add : Freight & Forwarding Charges 2,287.00

Grand Total 324.00 Units 46,024.60

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	4,320.00	388.80	388.80	777.60
30019091	12%	34,500.00	2,070.00	2,070.00	4,140.00
Total		38,820.00	2,458.80	2,458.80	4,917.60

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code
Centre Name
Date/Time
Signature
M. No. 8506002727

Rupees Forty Six Thousand Twenty Four and Paise Sixty 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 :



Only Inj Heparin received today -

for Switchmeds

Authorised Signatory