

GSTIN : 07CDLPD3827N2Z6

TAX INVOICE

Switchmeds

Original Copy

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. : 1686/2023-24	Vehicle No. :
Dated : 07-03-2024	Station :
Place of Supply : Delhi (07)	P.O No. : 145-032024-25329
Reverse Charge : N	P.O Date : 5/3/24
GR/RR No. :	DRUG LIC NO :
Transport :	

<b>Billed to :</b> DCDC Health Services Private Limited C-185, First Floor Rewari Line Industrial Area Mayapuri, Phase-II, Delhi, 110064	<b>Shipped to :</b> DCDC Health Services Private Limited GH Gandhi Hospital Secbad Gandhi Hospita -I Bhoiguda Musheerabad Dist Hyderabad 500020
Party Mobile No : GSTIN / UIN : 07AAFCD0204K1Z1 D.L. No. :	Party Mobile No : 7793985614 GSTIN / UIN : D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount( ` )
1.	INJ. HEPARIN (25000 I.U.)	30019091	250.00	Pcs.	125.00	31,250.00
2.	SODIUM HYPO 10% (5 LTR)	28289019	18.00	LTR	180.00	3,240.00

Add : CGST	@	6.00 %	1,875.00
Add : SGST	@	6.00 %	1,875.00
Add : CGST	@	9.00 %	291.60
Add : SGST	@	9.00 %	291.60
Add : Freight & Forwarding Charges			1,855.00

**Grand Total 268.00 Units 40,678.20**

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28289019	18%	3,240.00	291.60	291.60	583.20
30019091	12%	31,250.00	1,875.00	1,875.00	3,750.00
<b>Total</b>		<b>34,490.00</b>	<b>2,166.60</b>	<b>2,166.60</b>	<b>4,333.20</b>

**Rupees Forty Thousand Six Hundred Seventy Eight and Paise 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.  
 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  
 NEW DELHI  
 Authorised Signatory

Number of boxes Received ..... 10  
 Subject to Physical Check  
 Name/Employee Code ..... M. Luman / Doc  
 Centre Name ..... Gandhi  
 Date/Time ..... 16-3-24 ..... 16:00 PM  
 Signature ..... M. No. ....