

Original Copy

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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

2312

5 BOX

Invoice No. : 2312/2024-25
Dated : 11-07-2024
Place of Supply : Delhi (07)
Reverse Charge : N
GR/RR No. :
Transport : DELHIVERY

Vehicle No. :
Station : KARWAR
P.O No. : 159-072024-26642
P.O Date : 04-07-2024
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
DH Karwar
DISTRICT CIVIL HOSPITAL KARWAR
Dialysis Unit-581301

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

Party Mobile No : 8746959190
GSTIN / UIN : 07AAFCD0204K1Z1
D.L. No. :

S.N.	Description of Goods	HSN/SAC Cod	Qty.	Unit	Price	Amount(₹)
1.	INJ. ERYTHROPOITIN 4000 IU 11020242	30021500	500.00	Pcs.	140.00	70,000.00
2.	INJ. HEPARIN (25000 I.U.) AB240134A	300190	500.00	Pcs.	115.00	57,500.00

Add : CGST @ 6.00 % 7,650.00
Add : SGST @ 6.00 % 7,650.00
Add : Freight & Forwarding Charges 5,500.00

Grand Total 1,000.00 Pcs. ₹ 1,48,300.00

HSN/SAC	Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
30019091	12%	57,500.00	3,450.00	3,450.00	6,900.00
30021500	12%	70,000.00	4,200.00	4,200.00	8,400.00
Total		1,27,500.00	7,650.00	7,650.00	15,300.00

Stock/No. of Boxes Received 5 box
Subject to Physical Check DCB3419
Name/Employee Code
Centre Name KARWAR
Date/Time 18/7/2024 2 pm
Signature M. No. 8317496438

Rupees One Lakh Forty Eight Thousand Three Hundred Only

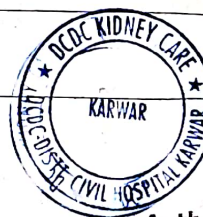
Bank Details : A/C NAME: SWITCH MEDS BANK NAME: AXIS BANK
A/C NO. 921020027370029 IFSC CODE: UTIB0001102

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 within the stipulated time.
- Subject to 'Delhi' Jurisdiction only.

Receiver's Signature :



for Switchmeds

Authorised Signatory