

# SWITCH MEDS

711 VISHWA SADAN DISTRICT CENTRE JANAKPURI NEW DELHI-110058

Phone no. : 9999428970

Email : SWITCHMEDS@GMAIL.COM

GSTIN : 07CDLPD3827N2Z6

State: 07-Delhi

DL NO: DL-JNK-145663

## Tax Invoice

### Bill To

#### DCDC HEALTH SERVICE PVT LTD

First Floor C-185 Rewari Line Industrial  
Area Mayapuri, Phase-II

GSTIN : 07AAFCD0204K1Z1

State: 07-Delhi

### Ship To

DCDC Health Service Pvt. Ltd. @  
Civil Hospital Jind  
CIVIL HOSPITAL JIND GOHANA ROAD,  
126102  
Contact No : 8295012840

Place of supply: 07-Delhi

**Invoice No. : 843**

**Date : 05-08-2023**

PO Date : 02-08-2023

PO Number : 23-082023-23117

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019099	200	₹ 134.00	₹ 3,216.00 (12%)	₹ 30,016.00
<b>Total</b>			<b>200</b>		<b>₹ 3,216.00</b>	<b>₹ 30,016.00</b>

### Invoice Amount in Words

Thirty Thousand Sixteen Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 26,800.00
SGST@6%	₹ 1,608.00
CGST@6%	₹ 1,608.00
<b>Total</b>	<b>₹ 30,016.00</b>
Received	₹ 0.00
Balance	₹ 30,016.00
Payment mode	Credit



UPI SCAN TO PAY

### Pay To-

Bank Name : AXIS BANK,  
MOTI NAGAR, NEW DELHI

Bank Account No. :  
921020027370029

Bank IFSC code :  
UTIB0001102

Account holder's name :  
SWITCHMEDS

For, : SWITCH MEDS

Authorized Signatory

Stock/No. of Boxes Received ... 200 .....  
Subject to Physical Check  
Name/Employee Code ... [Signature] .....  
Centre Name ... DCDC Civil Jind .....  
Date/Time ... 5-8-23 .....  
Signature ... [Signature] M. No. ... 8295012840