

# 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

Contact No. : 8527812533

GSTIN : 07AAFCD0204K1Z1

State: 07-Delhi

### Ship To

DCDC Health Service Pvt. Ltd. @

Civil Hospital Bahadurgarh  
DCDC KIDNEY CARE, CIVIL  
HOSPITAL BAHADURGARH,  
MADHYA MARG, OLD INDUSTRIAL  
AREA, 124507  
Contact No : 8506006622

Place of supply: 07-Delhi

Invoice No. : 880

Date : 21-08-2023

PO Date : 07-08-2023

PO Number : 46-082023-23350

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	120	₹ 134.00	₹ 1,929.60 (12%)	₹ 18,009.60
<b>Total</b>			<b>120</b>		<b>₹ 1,929.60</b>	<b>₹ 18,009.60</b>

### Invoice Amount In Words

Eighteen Thousand Ten Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 16,080.00
SGST@6%	₹ 964.80
CGST@6%	₹ 964.80
Round off	₹ 0.40
<b>Total</b>	<b>₹ 18,010.00</b>
Received	₹ 0.00
Balance	₹ 18,010.00
Payment mode	Credit

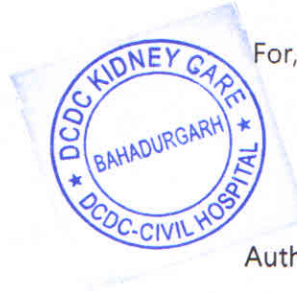
### Pay To-

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



UPI SCAN TO PAY

Stock/No. of Boxes Received ..... Box 1  
Subject to Physical Check  
Name/Employee Code ..... DC00504  
Centre Name ..... CH Bahadurgarh  
Date/Time ..... 21/8/23 2PM  
Signature ..... Madhu ..... M. No. ..... 8506006622