

# 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

DH, Karimnagar

District Head Quarter Hospital

,Beside MCH Hospital

,Dist-Karimnagar, 505001

Contact No : 7732000738

Place of supply: 07-Delhi

**Invoice No. : 1109**

**Date : 07-11-2023**

PO Date : 16-10-2023

PO Number : 138-102023-23878

Sl No	Particulars	Qty	Unit	Rate	Amount	Tax	Total	
1	INJ . HEPARIN (25000 I.U.)	200	Pcs	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

**Total** ₹ 30,016.00

Received ₹ 0.00

Balance ₹ 30,016.00

Payment mode Credit

Stock/No. of Boxes Received ..... 1.  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name : Karimnagar  
Date/Time ..... 10/11/2023.  
Signature: *[Signature]* M. No.....

*[Signature]*  
11/11/2023

