

**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**District Hospital Kasganj  
Dialysis Center, Combined District  
Hospital kasganj, village  
Mammon district Kasganj Near  
district court kasganj, Uttar  
Pradesh, 207123  
Contact No : 9584802753

Place of supply: 07-Delhi

**Invoice No. : 1069****Date : 04-11-2023**

PO Date : 16-10-2023

PO Number : 103-102023-23839

#	Item name	HSN/SAC	Batch No.	Exp. Date	Mfg. Date	Quantity	Unit	Price/Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	HIHE23019A	30/09/2025	10/2023	100	Pcs	134.00	1,608.00 (12%)	15,008.00
<b>Total</b>						<b>100</b>			<b>1,608.00</b>	<b>15,008.00</b>

**Invoice Amount In Words**

Fifteen Thousand Eight Rupees only

Sub Total ₹ 13,400.00

SGST@6% ₹ 804.00

CGST@6% ₹ 804.00

**Terms and Conditions**

Thanks for doing business with us!

Stock/No. of Boxes Received .....	CGST@6%	₹ 804.00
Subject to Physical Check		
Name/Employee Code .....		₹ 15,008.00
Centre Name .....	Received	₹ 0.00
Date/Time .....	Balance	₹ 15,008.00
Signature .....	M. No. ....	

Payment mode Credit

  
**Proprietor**  
**For SWITCH MEDS**