

## 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@FORD HOSPITAL  
Samne Ghat Rd, Near BHU Trauma  
Center, Balaji Nagar, Colony,  
221005

Contact No : 7071714200

Place of supply: 07-Delhi

**Invoice No. : 876**

**Date : 21-08-2023**

PO Date : 08-08-2023

PO Number : 109-082023-23346

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Inj. Iron Sucrose (100 MG)	30042019	50	₹ 26.00	₹ 156.00 (12%)	₹ 1,456.00
<b>Total</b>			<b>50</b>		<b>₹ 156.00</b>	<b>₹ 1,456.00</b>

### Invoice Amount In Words

One Thousand Four Hundred Fifty Six Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 1,300.00
SGST@6%	₹ 78.00
CGST@6%	₹ 78.00
<b>Total</b>	<b>₹ 1,456.00</b>
Received	₹ 0.00
Balance	₹ 1,456.00
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 ..... 1 box .....  
Subject to Physical Check  
Name/Employee Code ..... D.C.01135 ..... Maya Rani  
Centre Name ..... Ford Hospital .....  
Date/Time ..... 30/8/23 ..... 5:12 P.M.  
Signature ..... P ..... M. No. 9621142903