

# 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. @  
Sahara hospital

Janu Nagar, Simariya, Post- Kemri, Tehsil-  
Milak,Rampur, 243701

Contact No : 8279538027

Place of supply: 07-Delhi

**Invoice No. : 848**

**Date : 05-08-2023**

PO Date : 03-08-2023

PO Number : 111-082023-23396-1

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019099	300	₹ 134.00	₹ 4,824.00 (12%)	₹ 45,024.00
<b>Total</b>			<b>300</b>		<b>₹ 4,824.00</b>	<b>₹ 45,024.00</b>

### Invoice Amount In Words

Forty Five Thousand Twenty Four Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 40,200.00
SGST@6%	₹ 2,412.00
CGST@6%	₹ 2,412.00
<b>Total</b>	<b>₹ 45,024.00</b>
Received	₹ 0.00
Balance	₹ 45,024.00
Payment mode	Credit

### Pay To-

For, : SWITCH MEDS

Bank Name : AXIS BANK,  
MOTI NAGAR, NEW DELHI

Bank Account No. :  
921020027370029

Bank IFSC code :  
UTIB0001102

Account holder's name :  
SWITCHMEDS

Authorized Signatory



UPI SCAN TO PAY

Stock/No. of Boxes Received ..... 1 Box.  
Subject to Physical Check  
Name/Employee Code Mohal Puri DC02411  
Centre Name Sahara Hospital  
Date/Time 11:00 AM  
Signature ..... M. No. 8279538027