

# SWITCH MEDS

711 VISHWA SADAN DISTRICT CENTRE JANAKPURI NEW DELHI-110058

Phone no. : 09999428970

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. @  
Multan Nagar

B-22 Main Opposite Paschim Vihar  
Metro Station Pillar

No 225 New Multan Nagar, 110056

Contact No : 9667923164

Place of supply: 07-Delhi

Invoice No. : 1476

Date : 05-02-2024

PO Date : 05-02-2024

PO Number : 1-022024-25034

Sl No	Description	Qty	Unit	Rate	Amount	Tax	Total
1	BP INSTRUMENT 9018	2	Pcs	₹ 1,600.00	₹ 3,200.00	₹ 384.00 (12%)	₹ 3,584.00
2	glucostrips (accusure) 38221990	300	Pcs	₹ 8.00	₹ 2,400.00	₹ 288.00 (12%)	₹ 2,688.00
3	INJ. HEPARIN (25000 I.U.) 30019091 V2312-10B 30/11/2025	200	Pcs	₹ 125.00	₹ 25,000.00	₹ 3,000.00 (12%)	₹ 28,000.00
4	shipping	1	-	₹ 1,000.00	₹ 0.00	₹ 0.00 (0%)	₹ 1,000.00
<b>Total</b>				<b>503</b>	<b>₹ 31,600.00</b>	<b>₹ 3,672.00</b>	<b>₹ 35,272.00</b>

### Invoice Amount In Words

Thirty Five Thousand Two Hundred Seventy Two Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 31,600.00
SGST@6%	₹ 1,836.00
CGST@6%	₹ 1,836.00

Received	₹ 0.00
For SWITCH MEDS	₹ 35,272.00
Payment mode	Credit

Stock No. of Boxes Received .....  
 Subject to Physical Check .....  
 Name/Employee Code ..... *Adin Dco3110*  
 Centre Name ..... *Multan Nagar*  
 Date/Time ..... *7/2/24*  
 Signature ..... *[Signature]* M. No: *9667923164*

*[Signature]*  
 For SWITCH MEDS  
 Proprietor  
 M. No: 9667923164