

# 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 Health Service Pvt. Ltd. @  
CHC Korutla  
CHC Korutla ,Distt-Jagtial, 505326  
Contact No : 9676017674

Place of supply: 07-Delhi

**Invoice No. : 987**

**Date : 03-10-2023**

PO Date : 29-09-2023

PO Number : 118-092023-23827

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	250	₹ 134.00	₹ 4,020.00 (12%)	₹ 37,520.00
<b>Total</b>			<b>250</b>		<b>₹ 4,020.00</b>	<b>₹ 37,520.00</b>

### Invoice Amount In Words

Thirty Seven Thousand Five Hundred Twenty Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 33,500.00
SGST@6%	₹ 2,010.00
CGST@6%	₹ 2,010.00
<b>Total</b>	<b>₹ 37,520.00</b>
Received	₹ 0.00
Balance	₹ 37,520.00
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



UPI SCAN TO PAY

DCDCHSPL CENTRE-KORUTLA, TELANGANA  
**MATERIAL RECEIVED**

DATE... 11/10/2023... Authorized Signatory

TIME... 11:50 AM... RECEIVED BY... *Ramalingam*

*Ramalingam*