

# 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. @

TH Athani

TALUKA GENERAL HOSPITAL  
ATHANI, Dialysis unit. Near

karanatak bank Miraj road  
, Basvareshwar circle, 591304

Contact No : 8618706258

Place of supply: 07-Delhi

**Invoice No. : 1459**

**Date : 27-01-2024**

PO Date : 24-01-2024

PO Number : 169-012024-25001

#	Item name	HSN/ SAC	Batch No.	Exp. Date	MRP	Quantity	Unit	Price/ Unit	GST	Amount
1	RENOCEL 4000 I.U INJ.	30021500	11020215	30/06/2025	1,936.00	300	Nos	140.00	₹ 5,040.00 (12%)	₹ 47,040.00
2	INJ . HEPARIN (25000 I.U.)	30019091	V2312- 10B	30/11/2025	₹ 335.78	250	Pcs	125.00	₹ 3,750.00 (12%)	₹ 35,000.00
3	glucostrips	38220019				500	Pcs	₹ 8.00	₹ 480.00 (12%)	₹ 4,480.00
4	Pulse Oxy.	9018			₹ 1,330.00	2	-	₹ 650.00	₹ 156.00 (12%)	₹ 1,456.00
5	NEBULIZER MACHINE	9019			₹ 1,599.00	1	-	₹ 890.00	₹ 106.80 (12%)	₹ 996.80
<b>Total</b>						<b>1053</b>			₹ 9,532.80	₹ 88,972.80

Stock/No. of Boxes Received ..... 04

Subject to Physical Check

Name/Email

Centre No. .... e. H. Athani

Date/Time ..... 08/01/2024

Signature ..... M. No. 8278291

Proprietor  
*[Signature]*  
FOR SWITCH MEDS





# SWITCH MEDS

711 VISHWA SADAN DISTRICT CENTRE JANAKPURI NEW DELHI-110058

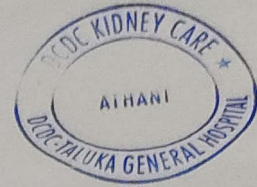
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## Invoice Amount In Words

Eighty Eight Thousand Nine Hundred Seventy Three Rupees only

## Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 79,440.00
SGST@6%	₹ 4,766.40
CGST@6%	₹ 4,766.40
Round off	₹ 0.20
<b>Total</b>	<b>₹ 88,973.00</b>
Received	₹ 0.00
Balance	₹ 88,973.00
Payment mode	Credit
You Saved	₹ 5,84,511.20

## Pay To-

Bank Name : AXIS  
BANK, MOTI NAGAR,  
NEW DELHI

Bank Account No. :  
921020027370029

Bank IFSC code :  
UTIB0001102

Account holder's  
name : SWITCHMEDS



UPI SCAN TO PAY

For, : SWITCH MEDS

**For SWITCH MEDS**

*[Signature]*  
Proprietor

Authorized Signatory

Stock/No. of Boxes Received ..... 04 .....  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time 08/08/24 .....  
Signature ..... M. No. 9610715281

