

# 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@Civil Hospital Panipat

Civil Hospital Panipat, Old Housing

Board Colony, Sukhdev Nagar, Old

Housing Board Colony, Panipat,

132103

Contact No : 8506000689

Place of supply: 07-Delhi

Invoice No. : 892

Date : 21-08-2023

PO Date : 07-08-2023

PO Number : 63-082023-23367

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	200	₹ 134.00	₹ 3,216.00 (12%)	₹ 30,016.00
<b>Total</b>			<b>200</b>		<b>₹ 3,216.00</b>	<b>₹ 30,016.00</b>

### Invoice Amount In Words

Thirty Thousand Sixteen Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 26,800.00
SGST@6%	₹ 1,608.00
CGST@6%	₹ 1,608.00
<b>Total</b>	<b>₹ 30,016.00</b>
Received	₹ 0.00
Balance	₹ 30,016.00
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 ..... 41 .....  
Subject to Physical Check  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... 21/08/2023 .....  
Signature ..... M. No. 8506000689