

# 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. @  
District Hospital, Lakhimpur Khiri  
District Hospital, Lakhimpur Khiri,  
Near T.B ward Hospital  
road, Dist, Police line, Lakhimpur,  
Uttar pradesh 262701.,  
262701

Contact No : 6393323652

Place of supply: 07-Delhi

Invoice No. : 1379

Date : 09-01-2024

PO Date : 05-01-2024

PO Number : 87-012024-24771

Item Name	PSN SAC	Batch No.	Exp. Date	Mfg. Date	MRP	Quantity	Unit	Price/Unit	GST	Amount
1 INJ . HEPARIN (25000 I.U.)	30019091	GLH01N13	30/09/2025	10/2023	₹ 335.78	100	Pcs	₹ 134.00	₹ 1,608.00 (12%)	₹ 15,008.00
<b>Total</b>						<b>100</b>			₹ <b>1,608.00</b>	₹ <b>15,008.00</b>

### Invoice Amount In Words

Fifteen Thousand Eight Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total ₹ 13,400.00

SGST@6% ₹ 804.00

CGST@6% ₹ 804.00

**Total ₹ 15,008.00**

Received ₹ 0.00

Balance ₹ 15,008.00

Payment mode Credit

₹ 18,570.00

Stock No. of Boxes Received ..... 1

Subject to Physical Check

Name/Employee Code Anupam / DC02448

Centre Name Lakhimpur

Date/Time 09/01/24 / 10:30 am

Signature Anupam M. No. 0074902990

For SWITCH MEDS

Proprietor



# 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



UPI SCANTO PAY

## 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

For SWITCH MEDS

Proprietor  
Authorized Signatory