

# 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. @  
GH Khammam

Government Hospital Khammam,  
Nehru Nagar, Dist-  
Khammam, 507001

Contact No : 9701071288

Place of supply: 07-Delhi

**Invoice No. : 1425**

**Date : 12-01-2024**

PO Date : 10-01-2024

PO Number : 146-012024-24865-1

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Sodium Hypo 10% (5 Ltr)	2828	30	₹ 180.00	₹ 972.00 (18%)	₹ 6,372.00
<b>Total</b>			<b>30</b>		<b>₹ 972.00</b>	<b>₹ 6,372.00</b>

### Invoice Amount In Words

Six Thousand Three Hundred Seventy Two Rupees only

### Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 5,400.00
SGST@9%	₹ 486.00
CGST@9%	₹ 486.00
<b>Total</b>	<b>₹ 6,372.00</b>
Received	₹ 1,635.00
Balance	₹ 4,737.00
Payment mode	Cheque

### 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