

# 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. @  
DCDC Lokpriya Hospital  
DCDC Kindy Care, Lokpriya hospital,  
3rd Floor, Near  
Amber Cinema, 201204  
Contact No : 7253990299

Place of supply: 07-Delhi

**Invoice No. : 1451**

**Date : 27-01-2024**

PO Date : 17-01-2024

PO Number : 156-012024-24937

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Sodium Hypo 10% (5 Ltr)	2828	12	₹ 180.00	₹ 388.80 (18%)	₹ 2,548.80
<b>Total</b>			<b>12</b>		<b>₹ 388.80</b>	<b>₹ 2,548.80</b>

### Invoice Amount In Words

Two Thousand Five Hundred Forty Nine Rupees only

### Terms and Conditions

Thanks for doing business with us!

Stock/No. of Boxes Received ..... 3 Box  
Subject to Physical Check .....  
Name/Employee Code .....  
Centre Name .....  
Date/Time ..... 11/2/24  
Signature ..... M. No. 8795-902646

Sub Total	₹ 2,160.00
SGST@9%	₹ 194.40
CGST@9%	₹ 194.40
Round off	₹ 0.20
<b>Total</b>	<b>₹ 2,549.00</b>

Received	₹ 0.00
Balance	₹ 2,549.00
Payment mode	Credit

For, : SWITCH MEDS

### Pay To-

Bank Name : AXIS  
BANK, MOTI NAGAR,  
NEW DELHI

Bank Account No. :  
921020027370029

Bank IFSC code :  
UTIB0001102

Account holder's  
name : SWITCHMEDS

Authorized Signatory



UPI SCAN TO PAY