

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

District Hospital Siddhartha Nagar
DCDC Health Services Pvt. Ltd C/O
District Hospital
Siddhartha Nagar Mudila, Naugarh,,
272207

Contact No : 9336723179

Place of supply: 07-Delhi

Invoice No. : 1145

Date : 17-11-2023

PO Date : 06-11-2023

PO Number : 53-112023-24162

#	Item name	HSN/ SAC	Batch No.	Exp. Date	Mfg. Date	Quantity	Unit	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	HIHE23021C	30/09/2025	10/2023	125	Pcs	₹ 134.00	₹ 2,010.00 (12%)	₹ 18,760.00
Total						125			₹ 2,010.00	₹ 18,760.00

Invoice Amount In Words

Eighteen Thousand Seven Hundred Sixty Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 16,750.00
SGST@6%	₹ 1,005.00
CGST@6%	₹ 1,005.00
Total	₹ 18,760.00
Received	₹ 0.00
Balance	₹ 18,760.00
Payment mode	Credit

Stock/No. of Boxes Received

Subject to Physical Check

Name/Employee Code ..DCO2923

Centre Name ..SIDDHARTHA NAGAR

Date/Time ..30/11/2023

Signature ..Kumar M. No. 00810087521
ABHUC6

For SWITCH MEDS

Proprietor

SWITCH MEDS

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Pay To-

Bank Name : AXIS
BANK, MOTI NAGAR,
NEW DELHI

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

Account holder's
name : SWITCHMEDS



LPI SCAN TO PAY

For, : SWITCH MEDS
For SWITCH MEDS

[Handwritten Signature]
Proprietor

Authorized Signatory