

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

GSTIN : 07AAFCD0204K1Z1

State: 07-Delhi

Ship To

DCDC Health Service Pvt. Ltd. @
District Hospital Deoria
District hospital , postpartum chauraha
Deoria,
274001

Place of supply: 07-Delhi

Invoice No. : 735

Date : 27-05-2023

PO Date : 22-05-2023

PO Number : fa-76-052023-22741-1

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	BP INSTRUMENT	9018	1	₹ 1,600.00	₹ 192.00 (12%)	₹ 1,792.00
Total			1		₹ 192.00	₹ 1,792.00

Invoice Amount In Words

One Thousand Seven Hundred Ninety Two Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 1,600.00
SGST@6%	₹ 96.00
CGST@6%	₹ 96.00
Total	₹ 1,792.00
Received	₹ 0.00
Balance	₹ 1,792.00



LPI SCAN TO 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

Authorized Signatory

Stock/No. of Boxes Received1.....
Subject to Physical Check
Name/Employee CodeK. N. Acharya.....DC00SS4
Centre NameDeoria.....
Date/Time20/05/2023.....
SignatureK. N. Acharya.....M. No.....7908232496