

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@Civil Hospital Gurgaun
Civil Hospital VIKAS NAGAR BASAI
SEC-10, 122001
Contact No : 8818024273

Place of supply: 07-Delhi

Invoice No. : 908

Date : 22-08-2023

PO Date : 07-08-2023

PO Number : 21-082023-23406

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	BP INSTRUMENT	9018	2	₹ 1,600.00	₹ 384.00 (12%)	₹ 3,584.00
Total			2		₹ 384.00	₹ 3,584.00

Invoice Amount In Words

Three Thousand Five Hundred Eighty Four Rupees
only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 3,200.00
SGST@6%	₹ 192.00
CGST@6%	₹ 192.00
Total	₹ 3,584.00
Received	₹ 0.00
Balance	₹ 3,584.00
Payment mode	Credit

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



LFPD

Stock/No. of Boxes Received
Subject to Physical Check
Name/Employee Code *Rishma 2037*
Centre Name *Civil Hospital Gurgaun*
Date/Time *22.08.2023 3:00 PM*
Signature *Rishma* M. No. *856654008*