

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. @
Nayyar Hospital 3, Dasonda Singh
Rd, Amritsar-143001 (Punjab)

Contact Person: Ms. Luxmi

Contact No: 8595955923

Place of supply: 07-Delhi

Invoice No. : 878

Date : 21-08-2023

PO Date : 07-08-2023

PO Number : 120-082023-23348

| | | | | | | |
|--------------|----------------------------|----------|-----------|----------|-------------------|-------------------|
| 1 | INJ . HEPARIN (25000 I.U.) | 30019091 | 25 | ₹ 134.00 | ₹ 402.00 (12%) | ₹ 3,752.00 |
| Total | | | 25 | | ₹ 402.00 | ₹ 3,752.00 |

Invoice Amount In Words

Three Thousand Seven Hundred Fifty Two Rupees only

Sub Total ₹ 3,350.00

SGST@6% ₹ 201.00

CGST@6% ₹ 201.00

Terms and Conditions

Thanks for doing business with us!

Stock/No. of Boxes Received 1307

Subject to check Nayyar Luxmi / DCDCS 7

Name Nayyar Hospital

City Amritsar

Dist. Amritsar

State Punjab

Pin 143001

Phone No. 8595955923

M. No. 8595955923

Pay To-

Bank Name : AXIS BANK,
MOTI NAGAR, NEW
DELHI

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

Account holder's name :
SWITCHMEDS

Received ₹ 0.00

Balance ₹ 3,752.00

Payment mode Credit

For. : SWITCH MEDS

Authorized Signatory



LUPI

Stock/No. of Boxes Received
Subject to check
Name
City
Dist.
State
Pin
Phone No.
M. No.