

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

Kalra Hospital
A-4 5 6 Tulsi Dass Kalra Marg Kirti

Nagar,
110015

Contact No 8051755839

Place of supply: 07-Delhi

Invoice No. : 1125

Date : 17-11-2023

PO Date : 06-11-2023

PO Number : 8-112023-24249

#	Item name	HSN/ SAC	Batch No.	Exp. Date	Mfg. Date	Quantity	Unit	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	HIHE23019A	30/09/2025	10/2023	100	Pcs	₹ 134.00	₹ 1,608.00 (12%)	₹ 15,008.00
Total						100			₹ 1,608.00	₹ 15,008.00

Invoice Amount In Words

Fifteen Thousand Eight Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 13,400.00
SGST@6%	₹ 804.00
CGST@6%	₹ 804.00
Total	₹ 15,008.00
Received	₹ 0.00
Balance	₹ 15,008.00
Payment mode	Credit

Stock/No. of Boxes Received 100 Pcs
Subject to Physical Check
Name/Employee Code D.001099
Centre Name Kalra Hospital
Date/Time 17/11/2023
Signature M. No. 8051755839

[Handwritten Signature]

For SWITCH MEDS

[Handwritten Signature]
Proprietor

