

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 Health Service Pvt. Ltd. @

DH Haveri
HAVERI DISTRICT HOSPITAL ,Dialysis unit,

Room no

52. killa road, 581110

Contact No : 9113647411

Place of supply: 07-Delhi

Invoice No. : 1454

Date : 27-01-2024

PO Date : 24-01-2024

PO Number : 157-012024-24983

Item name	HSN / SAC	Batch No.	Exp. Date	Mfg. Date	MRP	Quantity	Unit	Price/Unit	GST	Amount
1 RENOCEL 4000 I.U INJ.	30021500	11020215	30/06/2025		1,936.00	300	Nos	140.00	5,040.00 (12%)	47,040.00
2 INJ. HEPARIN (25000 I.U.)	30019091	V2312-10B	30/11/2025		335.78	250	Pcs	125.00	3,750.00 (12%)	35,000.00
3 Gluco strips (accusure)	38220019					500	Pcs	8.00	480.00 (12%)	4,480.00
4 NEBULIZER MACHINE	9019	MRNZMD202304011		04/2023		1	-	890.00	106.80 (12%)	996.80
5 Pulse Oxy.	9018					2	-	650.00	156.00 (12%)	1,456.00
6 BP INSTRUMENT	9018					2	Pcs	1,600.00	384.00 (12%)	3,584.00
Total						1055			9,916.80	92,556.80

Stock/No. of Boxes Received 4 BOX
Subject to Physical Check
Name/Employee Code
Centre Name District Hospital Haveri
Date/Time 9/2/24 12:30 PM
Signature M. No. 9999428970

For SWITCH MEDS
[Signature]
Proprietor



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Invoice Amount In Words

Ninety Two Thousand Five Hundred Fifty Seven Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 82,640.00
SGST@6%	₹ 4,958.40
CGST@6%	₹ 4,958.40
Round off	₹ 0.20
Total	₹ 92,557.00
Received	₹ 0.00
Balance	₹ 92,557.00
Payment mode	Credit
You Saved	₹ 5,82,705.00

Pay To-

Bank Name : AXIS BANK,
MOTI NAGAR, NEW DELHI

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

Account holder's name :
SWITCHMEDS



UPI SCAN TO PAY

For, : SWITCH MEDS

For SWITCH MEDS

Authorized Signatory
Proprietor

Stock/No. of Boxes Received 4 DOX
Subject to Physical Check -
Name/Employee Code -
Centre Name District Hospital Haveri
Date/Time 9/2/2024 12:30 PM
Signature [Signature] M. No. 9964119220

