

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 HISAR
CIVIL HOSPITAL TAYAL BAGH
COLONY NEAR BUS STAND HISAR
HARYANA-125001
CONTACT-8506000594

Place of supply: 07-Delhi

Invoice No. : 872

Date : 19-08-2023

PO Date : 07-08-2023

PO Number : 27-082023-23336

#	Item name	HSN/ SAC	Batch No.	Exp. Date	Quantity	Price/ Unit	GST	Amount
1	ACCUSURE BLOOD GLUCOSE STRIPS	38221990	236AB020072	31/05/2025	500	₹ 8.00	₹ 480.00 (12%)	₹ 4,480.00
Total					500		₹ 480.00	₹ 4,480.00

Invoice Amount In Words

Four Thousand Four Hundred Eighty Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total

₹ 4,000.00

SGST@6%

₹ 240.00

CGST@6%

₹ 240.00

Total

₹ 4,480.00

Received

₹ 0.00

Balance

₹ 4,480.00

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



LPI

Stock/No. of Boxes Received I

Subject to Physical Check

Name/Employee Code ROHIT/DC00097

Centre Name CIVIL HOSPITAL

Date/Time 19/8/23

Signature M. No. 8506000594