

SWITCH MEDS

711 VISHWA SADAN DISTRICT CENTRE JANAKPURI NEW DELHI-110058

Phone no. : 9999428970

Email : SWITCHMEDS@GMAIL.COM

GSTIN : 07CDLPD3827N2Z6

State: 07-Delhi

Tax Invoice

Bill To

**DEEP CHAND DIALYSIS CENTER
PVT. LTD.@**

C-185,1st Floor,
Mayapuri Industrial Area,Phase-II,
New Delhi-110064

GSTIN : 07AAECD2052Q1ZG

State: 07-Delhi

Ship To

DEEP CHAND DIALYSIS CENTER
PVT. LTD.@

Dr. Hedgewar Arogya Sansthan
Â Karkardooma, Delhi - 110032

Place of supply: 07-Delhi

Invoice No. : 604

Date : 09-03-2023

PO Date : 06-03-2023

PO Number : fa- 6-032023-22000-

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#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Gluco strips (accusure)	38220019	200	₹ 8.00	₹ 192.00 (12%)	₹ 1,792.00
Total			200		₹ 192.00	₹ 1,792.00

Invoice Amount In Words

One Thousand Seven Hundred Ninety Two Rupees
only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 1,600.00
SGST@6%	₹ 96.00
CGST@6%	₹ 96.00
Total	₹ 1,792.00
Received	₹ 0.00
Balance	₹ 1,792.00



UPI SCAN TO PAY

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

[Handwritten Signature]
02/03/2023

Authorized Signatory

[Handwritten Signature]