

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. : 1035

Date : 27-10-2023

PO Date : 16-10-2023

PO Number : 8-102023-23850

#	Item name	HSN/ SAC	Quantity	Unit	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	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

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

Terms and Conditions

Thanks for doing business with us!

For, : SWITCH MEDS

Pay To-

Bank Name : AXIS
BANK, MOTI NAGAR
NEW DELHI

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

Account holder's
name . SWITCHMEDS

Authorized Signatory

Stock/No. of Boxes Received 100 Qty.

Subject to Physical Check

Name/Employee Code NITIN OBEROI

Centre Name MOTI NAGAR KALRA HOSPITAL

Date/Time 30.10.23

Signature Nitin Oberoi M. No. 9211866479



UPI SCAN TO PAY

