

SWITCH MEDS

711 VISHWA SADAN DISTRICT CENTRE JANAKPURI NEW DELHI-110058

Phone no. : 9999428970

Email : SWITCHMEDS@GMAIL.COM

GSTIN : 07CDLPD3827N2Z6

State: 07-Delhi

LAMBA COURIERS & CARP
JANAK PURI NEW DELHI-58
PHONE: 011-26105180
MOBILE: 98111-32495

Tax Invoice

Bill To

DCDC HEALTH SERVICE PVT LTD

First Floor C-185 Rewari Line
Industrial Area Mayapuri, Phase-II

GSTIN : 07AAFCD0204K1Z1

State: 07-Delhi

Ship To

DCDC Health Service Pvt. Ltd. @
District Hospital, Lakhimpur Khiri
District Hospital, Lakhimpur Khiri,
Near T.B ward Hospital
road, Dist, Police line, Lakhimpur,
Uttar pradesh 262701.,
262701

Place of supply: 07-Delhi

Invoice No. : 774

Date : 13-06-2023

PO Date : 06-06-2023

PO Number : fa - 87-062023-
22815-7

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	BP INSTRUMENT	9018	3	₹ 1,600.00	₹ 576.00 (12%)	₹ 5,376.00
Total			3		₹ 576.00	₹ 5,376.00

Invoice Amount In Words

Five Thousand Three Hundred Seventy Six Rupees
only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 4,800.00
SGST@6%	₹ 288.00
CGST@6%	₹ 288.00
Total	₹ 5,376.00
Received	₹ 0.00
Balance	₹ 5,376.00

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



UPI SCAN TO PAY

Stock/No. of Boxes Received 03
Subject to Physical Check
Name/Employee Code em / 1979
Centre Name Lakhimpur
Date/Time 15.6.23 / 03:00 PM
Signature M. No. 7509340559