

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

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.@
Civil Hospital Jagadhari
Vishnu Garden Near Government
Rest House Jagadhari
(Yamunanagar), 135003

Place of supply: 07-Delhi

Invoice No. : 582

Date : 18-02-2023

PO Date : 09-02-2023

PO Number : FA- 50-022023-
21719-4

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	BP INSTRUMENT	9018	5	₹ 1,600.00	₹ 960.00 (12%)	₹ 8,960.00
Total			5	*	₹ 960.00	₹ 8,960.00

Invoice Amount In Words

Nine Thousand Two Hundred Ten Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 8,000.00
SGST@6%	₹ 480.00
CGST@6%	₹ 480.00
Shipping	₹ 250.00
Total	₹ 9,210.00
Received	₹ 0.00
Balance	₹ 9,210.00

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



UPI SCAN TO PAY

Authorized Signatory
DCDCHSPL CENTRE-CIVIL HOSPITAL, JANAKPURI
MATERIAL RECEIVED
DATE 20/2/23
TIME 11:53 AM RECEIVED BY: [Signature]

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

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. @
Civil Hospital Jagadhari
Vishnu Garden Near Government
Rest House Jagadhari
(Yamunanagar), 135003

Place of supply: 07-Delhi

Invoice No. : 573

Date : 11-02-2023

PO Date : 09-02-2023

PO Number : fa-50-022023-21719-

4

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Gluco strips (accusure)	38220019	500	₹ 8.00	₹ 480.00 (12%)	₹ 4,480.00
Total			500		₹ 480.00	₹ 4,480.00

Invoice Amount In Words

Four Thousand Seven Hundred Fifty Five Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 4,000.00
SGST@6%	₹ 240.00
CGST@6%	₹ 240.00
Shipping	₹ 275.00
Total	₹ 4,755.00
Received	₹ 0.00
Balance	₹ 4,755.00

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



LPI SCAN TO PAY

DCDCHSPL CENTRE-CIVIL HOSPITAL, JAGADHRI
MATERIAL RECEIVED

DATE: 20/2/23

TIME: 12:11 PM

RECEIVED BY: *[Signature]*