

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 Health Service Pvt. Ltd. @
District Hospital Lalitpur
Dialysis Center, Manywar Kanshiram
Joint District

Hospital Civil Lines, Lalitpur UP,
284403

Contact No : 8770441244

Place of supply: 07-Delhi

Invoice No. : 1371

Date : 09-01-2024

PO Date : 05-01-2024

PO Number : 95-012024-24760


| Sl No | Item Name | HSN/SAC | Quantity | Unit | Price/Unit | GST | Amount |
|--------------|------------------------|---------|------------|------|------------|-------------------|-------------------|
| 1 | glucostrips (accusure) | | 500 | Pcs | ₹ 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

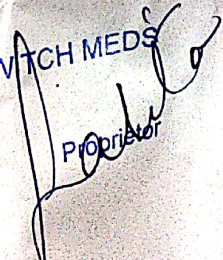
Terms and Conditions

Thanks for doing business with us!

Stock/No. of Boxes Received 05
Subject to Physical Check
Name/Employee Code Rahul Ahinwar
Centre Name DH, Lalitpur
Date/Time 19/01/2024
Signature  M. No. 6386184991

| | |
|--------------|-------------------|
| 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 |

For SWITCH MEDS

Proprietor

SWITCH MEDS

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Pay To-

Bank Name : AXIS
BANK, MOTI NAGAR,
NEW DELHI

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

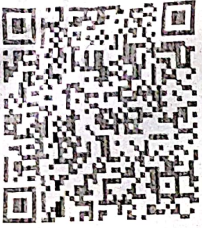
Account holder's
name : SWITCHMEDS

For, : SWITCH MEDS

For SWITCH MEDS

Proprietor

Authorized Signatory



L171P