

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

Invoice No. : 842

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. @
Nayyar Hospital
3, Dasonda Singh Rd, Amritsar, 143001
Contact No : 8595955923

Place of supply: 07-Delhi

Invoice No. : 842

Date : 05-08-2023

PO Date : 02-08-2023

PO Number : 120-082023-23108

Sl No	Description	Qty	Unit Price	Net Amount	Tax	Total
1	INJ . HEPARIN (25000 I.U.)	30019099	25	₹ 134.00	₹ 402.00 (12%)	₹ 3,752.00
Total			25	₹ 402.00		₹ 3,752.00

Invoice Amount In Words

Three Thousand Seven Hundred Fifty Two Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 3,350.00
SGST@6%	₹ 201.00
CGST@6%	₹ 201.00
Received	₹ 0.00
Balance	₹ 3,752.00
Payment mode	Credit

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

Stock/No. of Boxes Received 1 BOX
Subject to Physical Check
Name/Employee Code Nayyar Hospital
Centre Name Nayyar Hospital
Date/Time 05/08/23 5 PM
Signature [Signature] M. No. 8595955923