

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. @
District Hospital Lalitpur
Dialysis Center, Manywar Kanshiram
Joint District
Hospital Civil Lines, Lalitpur UP,
284403
Contact Number - 8770441244

Place of supply: 07-Delhi

Invoice No. : 776

Date : 13-06-2023

PO Date : 12-06-2023

PO Number : fa - 95-062023-
22937-1

#	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

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

Terms and Conditions

Thanks for doing business with us!

Pay To-

Bank Name : AXIS BANK
MOTI NAGAR, NEW DELHI
Branch Name : SWITCH MEDS
Date/Time : 13/06/2023 4:56 P.M.
Signature : [Signature]
M. No. : 8770441244

Bank Account No. :
921020027370029

Bank IFSC code :
UTIB0001102

Account holder's name :
SWITCHMEDS

Authorized Signatory



UPI SCAN TO PAY

Stock/No. of Boxes Received
Subject to Physical Check
Employee Code
Date/Time
Signature
M. No.