

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

District Hospital sant kabir nagar
District Hospital, Mehdawal Road,
Khalilabad,
272175

Contact No : 9554310933

Place of supply: 07-Delhi

Invoice No. : 1057

Date : 02-11-2023

PO Date : 16-10-2023

PO Number : 90-102023-23861

#	Item name	HSN/ SAC	Batch No.	Exp. Date	Mfg. Date	Quantity	Unit	Price/ Unit	GST	Amount
1	INJ . HEPARIN (25000 I.U.)	30019091	HIHE23019A	30/09/2025	10/2023	100	Pcs	₹ 134.00	₹ 1,608.00 (12%)	₹ 15,008.00
Total						100			₹ 1,608.00	₹ 15,008.00

Invoice Amount In Words

Fifteen Thousand Eight Rupees only

Terms and Conditions

Thanks for doing business with us!

Sub Total	₹ 13,400.00
SGST@6%	₹ 804.00
CGST@6%	₹ 804.00
Total	₹ 15,008.00
Received	₹ 0.00
Balance	₹ 15,008.00
Payment mode	Credit

Stock/No. of Boxes Received ..1 Box.....
Subject to Physical Check
Name/Employee Code ..DCS2137.....
Centre Name ..Sant Kabir Nagar.....
Date/Time ..10/11/23.....
Signature ..
M. No. 9554310933

For SWITCH MEDS

Proprietor