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Mob : 9847122140, 9400533669
Website : www.eagermedia.in

Instrument Repair Report

Name PMS Address Dental college Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Labomed Prima Dental opprotching Microscope A-170	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract	Charge call ✓

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Completed cleaning and servicing, Illumination checking	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBY S. PAS

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH

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Instrument Repair Report

Name DMS college	Particulars of instrument	Work carried out at
Address Jen Ponta, Science and Research Vathapara.	Instrument Type: Olympus Ponta Head Microscope Sl. No.	☑ Site ☐ Service Centre
Tel. No.		Nature of Visit
Person in-charge		☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced		
	Art No.	Description	Free / To pay
Completed cleaning and servicing		Nil	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service~~ Centre and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

SBU. S. DM — 24/3/2016

Name & Signature of Service Engineer — Date — Seal — Signature of Customer

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Instrument Repair Report

Name PMS Address Dental College Vattapara Tel. No. Person in-charge	Particulars of instrument Instrument Type: Labonized Operatory Sl. No.: Prima Murmure	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received: By / Time / Date	Customer's complaint
Date / Time Spent: Time in / Time out	

Description of work done / Remarks	Part replaced: Art No.	Description	Free / To pay
Periodic Maintenance		Nil	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU-S-DAS [signature] 18/2/2015

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address Dental college Vattapara Tel. No. Person in-charge	Particulars of instrument Instrument Type: Olympus Penta (Good) Sl. No.: Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced: Art No. / Description / Free / To pay
Periodic Maintenance	(X)

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

SIBU.S.DAS — 18/2/2015

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

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Instrument Repair Report

Name PMS Address College for Dental Scien and Research Tel. No. Vattapara Person in-charge	Particulars of instrument Instrument Type: Labomed Prima Dental operating Microscope Sl. No.	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Periodic Maintenance	Nil

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

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S/SV.S-DAS	2/4/2014		
Name & Signature of Service Engineer	*Date*	*Seal*	*Signature of Customer*

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Ganapathi Covil Road, Vazhuthacadu
Thiruvananthapuram-14
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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address College for Dental Science and Research Tel. No. Vattiyoorkavu Person in-charge	Particulars of instrument Instrument Type: Olympus Dental Head Microscope Sl. No.	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Periodic Maintenance	Nil

This is to certify that the above mentioned instrument has been installed / Serviced / Returned to Service Centre and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

Sibu. S. Das	2/4/2014.	Seal	
Name & Signature of Service Engineer	*Date*		*Signature of Customer*

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Instrument Repair Report

Name PMS Address Dental College Vattoppara Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Labromed Duplex Dental operating Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Complete cleaning and servicing	Nil

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU. S. DAS 12/3/2013
Name & Signature of Service Engineer Date Seal Signature of Customer

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address Dental College Cattappana Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Dpms Olympus Penta Head Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Complete cleaning and servicing	Nil

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

S130.5.DD 12/3/2013

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address Dental College Vattiyoorkavu Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Labomed Prima Dental operation microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Complete cleaning and servicing	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU.S.DAS 6/3/2012

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

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E-mail : eagermedia98@gmail.com

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS College	Particulars of Instrument	Work carried out at
Address For Dental science and Research Vattapara	Instrument Type: Laboratory Drum Operating Microscope — Sl. No.	☑ Site ☐ Service Centre
Tel. No.		Nature of Visit
Person in-charge		☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced		
	Art No.	Description	Free / To pay
Complete cleaning and servicing		Nil	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

S130.S-DDS — 10/3/2021

Name & Signature of Service Engineer — Date — Seal — Signature of Customer

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS college	Particulars of Instrument	Work carried out at
Address Pmn Dental Science and Research Kottayam	Instrument Type: Olympus Penta Head Microscope Sl. No.	☑ Site ☐ Service Centre
Tel. No.		Nature of Visit
Person in-charge		☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced		
	Art No.	Description	Free / To pay
Complete cleaning and Servicing		NIL	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Returned to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

SIBOS-DAS		10/3/2021		PRINCIPAL PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM-28
Name & Signature of Service Engineer		*Date*	*Seal*	*Signature of Customer*

PKRA-A7, Plavode
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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address College of Dental Science and Research Cattapana Tel. No. Person in-charge	Particulars of Instrument Instrument Type: Labomed Prima Operating Microscope Sl. No.	Work carried out at ☐ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date . Time Spent Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Complete cleaning and servicing	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU.S.OAD 02/01/2020

Name & Signature of Service Engineer Date Seal Signature of Customer

PRINCIPAL
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THIRUVANANTHAPURAM

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS college of Dental Science and Research Vattoparra Address Tel. No. Person in-charge	Particulars of Instrument Instrument Type: Olympus Pentahead Binocular Microscope Sl. No.	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Complete cleaning and servicing	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ Serviced / ~~Repaired~~ ~~to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. Total Rs. 2500/-

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THIRUVANANTHAPURAM-28

S/BU.S.OPS 2/1/2020

Name & Signature of Service Engineer | Date | Seal | Signature of Customer

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Thiruvananthapuram-13
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E-mail : eagermedia98@gmail.com

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address Dental College Vattiyoorkavu Tel. No. Person in-charge	Particulars of Instrument Instrument Type Sl. No. Labomed Prima Operating Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date Date / Time Spent: Time in Time out	Customer's complaint

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Periodic Maintenance	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

PRINCIPAL
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SIBU. S-DMS — 5/3/2019.

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

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Mob : 9847122140, 9400533669
E-mail : eagermedia98@gmail.com

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Instrument Repair Report

Name P M S Address Dentalcollege, Kathapara. Tel. No. Person in-charge	Particulars of Instrument Instrument Type Sl. No. Olympus Rental Head Monocope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract /	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Periodic Maintenance	Nil

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

Sibu S Das 5/3/2019

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

T.C. 14/1749, Saroja Nivas
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Thiruvananthapuram-14
Ph : 0471-2333669
Mob : 9847122140, 9400533669
Website : www.eagermedia.in

EAGER MEDIA
BIOMEDICAL SERVICES

Instrument Repair Report

Name P.M.S Address Dental College Vattapara Tel. No. Person in-charge	Particulars of instrument Instrument Type: Labomed Prima Operating Manype Sl. No.	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Periodic Maintenance	NIL

This is to certify that the above mentioned instrument has been ~~installed / Serviced / Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU.S.DAS — 17/4/2018 — Seal — PRINCIPAL PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM-28

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

T.C. 14/1749, Saroja Nivas
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Thiruvananthapuram-14
Ph : 0471-2333669
Mob : 9847122140, 9400533669
Website : www.eagermedia.in

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Instrument Repair Report

Name PMS Address College Dental Cattayam Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Olympus Dental Binocular Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By / Time / Date	Customer's complaint
Date / Time Spent: Time in / Time out	

Description of work done / Remarks	Part replaced: Art No. / Description / Free / To pay
Periodic Maintenance	NO

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU . S-DD (signature)	17/4/2018		
Name & Signature of Service Engineer	*Date*	*Seal*	*Signature of Customer*

T.C. 14/1749, Saroja Nivas
Ganapathi Covil Road, Vazhuthacadu
Thiruvananthapuram-14
Ph : 0471-2333669
Mob : 9847122140, 9400533669
Website : www.eagermedia.in

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BIOMEDICAL SERVICES

Instrument Repair Report

Name P.M.S Address Rural College Vattapara Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Labomed Prima Operating Microscope	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Completed cleaning and servicing	NIL

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. — Total Rs. 4500/-

SIBU. J. DAS — 2/2/2017

Name & Signature of Service Engineer — Date — Seal — Signature of Customer

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

T.C. 14/1749, Saroja Nivas
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Ph : 0471-2333669
Mob : 9847122140, 9400533669
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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Dental College Kattapana Address Tel. No. Person in-charge	Particulars of instrument Instrument Type: Olympus Dental Microscope Head Sl. No.	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced Art No. Description Free / To pay
Completed cleaning and Servicing	Nil

This is to certify that the above mentioned instrument has been installed / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

SIBU. S. DAS — 2/2/2017

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM-23
PRINCIPAL

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Mob : 9847122140, 9400533669
Website : www.eagermedia.in

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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS College for Dental Science and Address Tel. No. Person in-charge Rakesh Vattappara	Particulars of instrument Instrument Type Sl. No. Labomed Prima Operatory Mysore	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced		
	Art No.	Description	Free / To pay
Completed cleaning and Servicing		Nil	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 4500/- Spares Replaced Rs. ~~2000~~/- Total Rs. 4500/-

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THIRUVANANTHAPURAM-28

Sibu S. Das	24/3/2016		
Name & Signature of Service Engineer	*Date*	*Seal*	*Signature of Customer*

EAGER MEDIA BIOMEDICAL SERVICES

PKRA-A7, Plavode, Kodunganoor P.O., Vattiyoorkavu, Thiruvananthapuram-13
Phone : 0471-2365659 Mobile . 9847122140, 9400533669
E-mail : eagermedia98@gmail.com

No. 6471 Date..................

CASH BILL / BILL FOR LABOUR CHARGES

To M/s P.M.S. College for Dental Science and Research Vattappara, Trivandrum.

Your Order No

Sl. No.	Particulars	Qty.	Rate	Amount Rs.	Ps
1	Labour charges for the repairing and maintenance of Olympus Penta Head Microscope at Oral pathology	1	2500/-	2500	/-
	TOTAL			2500	/-

E & OE

Rupees Two thousand and five hundred only

Authorised Signatory

AN EXCLUSIVE SERVICE CENTRE FOR MEDICAL LAB EQUIPMENT SINCE 1998

T.C. 14/1749, Saroja Nivas
Ganapathi Covil Road, Vazhuthacadu
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BIOMEDICAL SERVICES

Instrument Repair Report

Name PMS Address Dental College Kottayam Tel. No. Person in-charge	Particulars of instrument Instrument Type Sl. No. Olympus Penta Head Maruya	Work carried out at ☑ Site ☐ Service Centre Nature of Visit ☐ Installation ☐ Breakdown ☑ Prev. Maint.

Warranty	Service Contract ✓	Charge call

Message Received By Time Date	Customer's complaint
Date / Time Spent: Time in Time out	

Description of work done / Remarks	Part replaced		
	Art No.	Description	Free / To pay
Complaint cleaned and servicing		Nil	

This is to certify that the above mentioned instrument has been ~~installed~~ / Serviced / ~~Referred to Service Centre~~ and working satisfactorily.

Customer's Remarks

Service Charges Rs. 2500/- Spares Replaced Rs. — Total Rs. 2500/-

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

S150.S.DND 6/3/2012

Name & Signature of Service Engineer *Date* *Seal* *Signature of Customer*

Ledger copy with proforma

PMS COLLEGE
Golden Hills, Venkode P. O,
Vattappara, Trivandrum, Kerala
Ph: 0472-2587878
Email: Pmscollege@gmail.Com

Universal Agencies

Ledger Account

1-Jan-2019 to 31-Mar-2019

Date		Particulars	Vch Type	Vch No.	Debit	Credit
5-1-2019	By	**Labomed Microscope** *Inv # 2531 dt 5.1.19 (Labomed Trinocular research microscope model LX 500 Trino with HDMI Camera)*	Journal	2642		1,41,246.00
	By	**Labomed Microscope** *INVOICE NO.UA-2530/2018 DATE 5-1-2019 - LABOMED MONOCULAR MICROSCOPE MODEL CXL LED 15 NOS. FROM UNIVERSAL AGENCIES.*	Journal	2643		2,12,400.00
16-1-2019	To	**Dhanlaxmi Bank - C/A - 5113** *30% advance against Inv # 2531 dt 5.1.19 (Labomed Trinocular research microscope model LX 500 Trino with HDMI Camera) paid vide che # 695273*	Payment	8018	42,376.00	
21-1-2019	To	**Dhanlaxmi Bank - C/A - 5113** *INVOICE NO.UA-2530/2018 DATE 5-1-2019 - LABOMED MONOCULAR MICROSCOPE MODEL CXL LED 15 NOS. FROM UNIVERSAL AGENCIES. ADVANCE 30% GIVEN*	Payment	8141	63,720.00	
					1,06,096.00	3,53,646.00
	To	**Closing Balance**			2,47,550.00	
					3,53,646.00	**3,53,646.00**

PRINCIPAL
PMS COLLEGE OF DENTAL
SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH • THIRUVANANTHAPURAM •

UNIVERSAL AGENCIES
PALAKKAL ANGADI, TRICHUR-680 001
Ph: (0) 2440319, 2427031 Fax: 2427038
E-mail: unagro@gmail.com universal@sancharnet.in

Vision for excellence

Ref

Date

PURCHASE OFFICER, **PMS COLLEGE OF DENTAL SCIENCE & RESEARCH,** **THIRUVANATHAPURAM.**	**Our Quotation no: UA-Q.2370/2018**	**Dt. 21/12/2018**
	Ref: Quotation for the supply of Binocular Microscope.	

Sir,

We hereby quote our lowest possible rates for the following items for your kind consideration and early favorable orders.

Terms and Conditions
Free delivery and demonstration at your stores.
Warrantee for a period of 12 months.
Supplies will be made from ready stock/4-6 weeks (For Indian Make) and 8-12 weeks (For Imported Make) from date of issue of purchase order
Rates are inclusive of GST (If there is any revision in GST, Revised GST rate will be applicable.)
Rates will remain firm for acceptance till 31.03.2019
AMC will be arranged for 5 years against payment @ 5% of the cost of the equipment per annum, cost of spare parts will be extra.
CAMC will be arranged for 5 years after guarantee period against advance payment @ 10% of the cost of the equipment per annum.
(Note: AMC/CAMC agreement should be executed from the 1st Year itself after guarantee period)
GSTIN: 32AAAFU5662Q1ZQ
Payment should be made within 30 days time on receipt & acceptance of the goods / items. **Account Name: M/s. Universal Agencies** Our bank details: **STATE BANK OF INDIA** **PARAMEKKAVU TEMPLE BRANCH THRISSUR - 70166** **A/c No.00000067213868605** **IFSCODE SBIN0070166**
CONTACT DETAILS:
Purchase/Inquiry: 8943112277 / 9387021122
Order status/Sales/Service: 8943341568/8943341569/0487-2427031
Accounts/Payment: 8943112288 /0487-2427031
Technical Clarification: Mr. Manoj Kumar (Senior Technical Engineer) 9447053244
Others: Mr. Prasannan (Manager) 9447137031

Yours Faithfully,
For Universal Agencies,

Manager.

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM-28

PRINCIPAL
PMS COLLEGE OF DENTAL
SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

UNIVERSAL
AGENCIES
PALAKKAL ANGADI, TRICHUR-680 001
Ph: (O) 2440319, 2427031 Fax: 2427038
E-mail: unagel@gmail.com universal@sancharnet.in

Vision for excellence

Ref: Date:

No.	Description	Unit Rate (Rs.)	GST %	Unit Rate Inclusive of GST (Rs.)
c)	**LABOMED BINOCULAR RESEARCH MICROSCOPE, Model: LX 300 LED** **Stand:** Single mold sturdy stand with anti rust materials. Extended base with hand rests for enhanced Stability and comfort **Viewing Bodies: Binocular tube, 45° inclined, 360° rotatable,** Interpupillary distance 54-74mm **Eyepieces: Wide Field focusable paired eyepiece WF 10x/18mm, with foldable eye guard, lockable,** Antifungus coating **Nosepiece: Quadruple nosepiece (Ball bearing type)** with rubber grip Objectives: LP series DIN Plan Achromatic objectives4x, 10x, 40x (SL), 100x (SL, Oil), anti-fungus coating **Condenser:** Sub-stage Abbe condenser NA 1.25 with aspheric lens. Iris diaphragm with blue filter. Rack and pinion movements on metal guides. **Mechanical Stage: Rectangular stage size 135 x 124 mm, X/Y travel range 76mm x 50mm, low drive movement controls, with Ball Bearing Slides for smooth operation.** **Focusing:** Co-axial coarse and fine focusing on ball drive system for smooth movement. **Illumination:** LED illumination with variable illumination control. Up to 100000 hours of LED life. Built-in rechargeable battery. **Electrical: Input 220V-240V AC** Packed in Styrofoam box, with operation manual, allen wrench, dust cover, cleaning cloth, power cord and spare fuses	23,500.00	18	27,730.00

PRINCIPAL
PMS COLLEGE OF DENTAL
SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

Tax Invoice

VILLA INDIA B-224 , NARAINA IND AREA PHASE-1 NEW DELHI 110028 Drug Licence # SW(0666)/13/W Dtd. 05.02.2013 GSTIN/UIN: 07AACPN9000D1Z6 E-Mail : welcome@villaindia.com		Invoice No. **VID/GST/17-18/28**	Dated **5-Sep-2017**
		Delivery Note	Mode/Terms of Payment
		Supplier's Ref.	Other Reference(s)
		Buyer's Order No. **PO 00285**	Dated **26-May-2017**
Consignee **PMS College of Dental Sciences and Research** Golden Hills Vattappara, Venkode P. O, Thiruvananthapuram State Name : Kerala, Code : 32		Despatch Document No.	Delivery Note Date
		Despatched through	Destination
Buyer (if other than consignee) **PMS College of Dental Sciences and Research** Golden Hills Vattappara, Venkode P. O, Thiruvananthapuram State Name : Kerala, Code : 32 Place of Supply : Kerala		Terms of Delivery	

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**DENTAL X-RAY SYSTEM MODEL DENTRI** *DENTAL CBCT UNIT+PAN+CEPH VILLA INDIA*	9022	12 %	**1 Nos.**	33,92,857.00	Nos.		33,92,857.00
	IGST							4,07,143.00
	Total			**1 Nos.**				38,00,000.00

Amount Chargeable (in words) E. & O.E

Indian Rupees Thirty Eight Lakh Only

HSN/SAC	Taxable Value	Integrated Tax		Total Tax Amount
		Rate	Amount	
9022	33,92,857.00	12%	4,07,143.00	4,07,143.00
Total	33,92,857.00		4,07,143.00	4,07,143.00

Tax Amount (in words) : **Indian Rupees Four Lakh Seven Thousand One Hundred Forty Three Only**

Company's PAN : **AACPN9000D**

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. SUBJECT TO DELHI JURISDICTION

for VILLA INDIA

Authorised Signatory

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

SUBJECT TO DELHI JURISDICTION JURISDICTION

PM 1026
17/03/2020

TAX INVOICE

(ORIGINAL FOR RECIPIENT)

UNICORN DENMART LTD
PLOT NO. 419, INDUSTRIAL ESTATE
SECTOR-83, EPIP, HSIIDC
KUNDLI, SONIPAT, HARYANA PIN- 131028
E-Mail : Sales@unicorndenmart.com
CIN : U29297DL2008PLC173509
Web: WWW.UNICORNDENMART.COM
GSTIN/UIN: 06AAACU8584E1ZS
State Name : Haryana, Code : 06
CIN: U29297DL2008PLC173509

Invoice No.	Dated
UD/HR/4426/1920	6-Mar-2020
Delivery Note	Mode/Terms of Payment
	RS-4,14,000 AFTER DELIEVERY
Supplier's Ref.	Other Reference(s)
0	ZERO
Buyer's Order No.	Dated
SO/UD/HR/3442/1920	6-Mar-2020
Despatch Document No.	Delivery Note Date
Despatched through	Destination
BY COURIER	KERALA

Consignee
P.M.S COLLEGE OF DENTAL SCIENCES & RESEARCH
GOLDEN HILLS, VENKODE
P.O. VATTAPPARA, THIRUVANANTHAPURAM
KERALA-695028
MR. NIZAR
MOB: 9447123476
PAN: AAAAN1299F
PAN/IT No : AAAAN1299F
State Name : Kerala, Code : 32

Buyer (if other than consignee)
P.M.S COLLEGE OF DENTAL SCIENCES & RESEARCH
GOLDEN HILLS, VENKODE
P.O. VATTAPPARA, THIRUVANANTHAPURAM
KERALA-695028
MR. NIZAR
MOB: 9447123476
PAN: AAAAN1299F
PAN/IT No : AAAAN1299F
State Name : Kerala, Code : 32
Place of Supply : Kerala

Terms of Delivery
FREIGHT-PAID
RS-3,94,000 RECEIVED
VISTA SCAN NANAO EASY 3 YEAR WARRANTY
VIST SCAN NANO 2 YEAR AMC FREE

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	DD/MC/DIGITAL DENTAL PSP UNIT/VISTASCAN NANO EAZY Batch : 1119-L414332016/L405394034 Batch : 1119-L414332011/L405394014 Batch : 1119-L414332034/L405394074 Batch : 1219-L414332030/L405394051 (3 YEARS WARRANTY) K	90222100	12 %	4 NOS. 1 NOS. 1 NOS. 1 NOS. 1 NOS.	1,75,892.86	NOS.	7,03,571.44
2	DD/VS/AC/VISTA SCAN NANO EASY GRTG/HOLDER FOR SIZE 0 K	37011090	12 %	1 NOS.	4,464.28	NOS.	4,464.28
							7,08,035.72
	IGST						84,964.28
	Total			5 NOS.			₹ 7,93,000.00

E. & O.E

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH
CEIV
Date 17/03/2020
Store in Charge

for Comprehensive clinic

Amount Verified 19/3/2020.

Amount Chargeable (in words)
INR Seven Lakh Ninety Three Thousand Only

HSN/SAC	Taxable Value	Integrated Tax Rate	Integrated Tax Amount	Total Tax Amount
	7,03,571.44	12%	84,428.57	84,428.57
	4,464.28	12%	535.71	535.71
90222100 37011090	Total 7,08,035.72		84,964.28	84,964.28

Tax Amount (in words) : **INR Eighty Four Thousand Nine Hundred Sixty Four and Twenty Eight paise Only**

Company's PAN : AAACU8584E

Declaration
1.We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct 2. "Goods once sold will not be returned back"

for UNICORN DENMART LTD

Authorised Signatory

SUBJECT TO NEW DELHI JURISDICTION

This is a Computer Generated Invoice

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

(Original)

RETAIL INVOICE

UNICORN DENMART LTD 3, LOCAL SHOPPING CENTRE, MOR LAND, 2ND FLOOR, NEAR J BLOCK DDA MARKET, NEW RAJINDER NAGAR, NEW DELHI TIN 07840347852 CIN : U29297DL2008PLC173509 Web: WWW.UNICORNDENMART.COM CIN: U29297DL2008PLC173509 E-Mail :sales@unicorndenmart.com	Invoice No. **RI/UDL/994/2016-17**	Dated **23-Mar-2017**
	Delivery Note **DN/UDL/1088/2016-17**	Mode/Terms of Payment **AFTER DELIVERY**
	Supplier's Ref. **0**	Other Reference(s) **PO00122, DT. 15-03-17**
Consignee **M/s PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH** GOLDEN HILLS, VENKODE P. O, VATTAPPARA, TRIVANDRUM - 695028 PH:-0472-2587979 EMAIL:-Pmscollege@gmail.Com	Buyer's Order No. **SO/UDL/A/170/2016-17**	Dated **22-Mar-2017**
	Despatch Document No.	Dated **23-Mar-2017**
	Despatched through **BY SURFACE**	Destination **TRIVANDRUM**
Buyer (if other than consignee) **M/s PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH** GOLDEN HILLS, VENKODE P. O, VATTAPPARA, TRIVANDRUM - 695028 PH:-0472-2587979 EMAIL:-Pmscollege@gmail.Com Fax PAN: AAAAN1299F PM 0026	Terms of Delivery **FREIGHT-PAID** **ADVANCE OF RS 300000/-** 22 Bez 70 B.	

Sl No.	Description of Goods	Quantity	Rate	per	Amount
1	**DD/MC/DIGITAL DNTAL VISTASCAN MINI EAZYIMAGE SCANER** *K (H350637124)* *(H350637123)* *(24 MONTHS WARRANTY)*	**2 NOS.**	2,84,286.00	NOS.	**5,68,572.00**
	CST 5%		5	%	28,428.60
					5,97,000.60
	FREIGHT EXP.				3,000.00
					6,00,000.60
	Less : ***SHORT & EXCESS***				(-)0.60
	Total	**2 NOS.**			**₹ 6,00,000.00**

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH RECEIVED

Advance Rs 3 lakhs paid

6928/9 17/2/18

E. & O.E

Amount Chargeable (in words)
Indian Rupees Six Lakh Only

Advance Paid Rs 3/- Lakh.
Balance Rs 3 Lakhs Pay on or before 5/5/17.

COUNTER No 9

DENTAL EQUIPMENTS

Remarks:
KER-I

Company's VAT TIN : **07840347852**
Company's Service Tax No. : **AAACU9584EST001**
Company's PAN : **AAACU9584E**

Declaration
In respect of the above equipments covered therein,no credit of the additional duty(C.V.D.) of customs levied under sub-section(5) of section 3 of the customs Tariff Act,1975 shall be admissible. We declare that this invoice shows the actual price of goods described and that all particulars are true and correct. All disputes are subject to Delhi Jurisdiction.

Date & Time : 23-Mar-2017 at 18:05

for UNICORN DENMART LTD

Authorised Signatory

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

This is a Computer Generated Invoice

OFFERTA CLIENTE
PROFORMA INVOICE

Mod. COM_02/1

LAMBDA Spa

SPETT.LE/TO
DR. P.S. THAHA (CHAIRMAN) - PMS COLLEGE
OF DENTAL SCIENCE & RESEARCH
GOLDEN HILLS, TRIVANDRUM
695 028 KERALA - INDIA
C.A./K.A.:

P. IVA/VAT	TELEPHONE	FAX/TAX	AGENTE/AGENT	N° DOC.	DATA/DATE	PAG.
164			Alessandro Boschi	525	29/10/12	1

CONDIZIONI DI PAGAMENTO/TERMS OF PAYMENT: /MENT IN ADVANCE

RIFERIMENTI VS. DOCUMENTI/YOUR REF.: EMAIL - 29/10/12

BANCA D'APPOGGIO/BANK DETAILS:

E-mail:

CODICE/CODE	DESCRIZIONE & NOTE/DESCRIPTION & NOTE	UM	QUANTITÀ/QTY	PREZZO/PRICE	SCONTO/DISC.%	TOTALE/TOTAL
EDD001.1	**DOCTOR SMILE PLUSER BOOST** Erbium Yag laser 10W with dental software complete with: 01 Optical Fiber Erbium Yag Laser 01 Boost Handpiece 03 Protective glasses Erbium 01 Power supply cable 01 Interlock 01 Footswitch 01 DVD: User Manual, Clinical and Video Protocols CUSTOMS CODE: 90184990 NET WEIGHT: 40Kg	PZ	1,0	39.000,00		39.000,00
	- **discount**	cr	1,0	-3.000,00		-3.000,00

LAMBDA SpA
Via dell'Impresa 1
36040 Brendola (VI) - ITALY
C. F. / P. IVA 02558810244
Tel 0444/349165 - Fax 0444/349954

CONSEGNA/DELIVERY TERMS	TRASPORTO MEZZO/CARRIER BY	SPESE TRASP./TRANSP. / FEES	SPESE IMBALLO/PACK.COST	SPESE VARIE/OTHER COST	TOTALE MERCE/GOODS TOTAL
Works					36.000,00

CONDIZIONI DI CONSEGNA NOTE/DELIVERY TERMS & NOTE:

TOT. OFFERTA/TOT. AMOUNT: **EUR 36.000,00**

TIMBRO, DATA E FIRMA PER ACCETTAZIONE/SIGN AND STAMP FOR ACCEPTANCE:

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM

PREZZI IVA ESCLUSA - **NET PRICES**
(Validità Offerta 60gg/
Offer Validity 60 days)

Ufficio Commerciale/Sales Dept.
Alessandro Boschi

el caso di nuovo cliente si prega di compilare i campi sottostanti:/
ease, in case of new customer fill up the form below

P. IVA: _____ ABI-CAB: _____
BANCA / FILIALE: _____

PRINCIPAL
PMS COLLEGE OF DENTAL
SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

OFFERTA CLIENTE
PROFORMA INVOICE

Mod. COM_02/1

LAMBDA Spa

SPETT.LE/TO
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
GOLDEN HILLS, TRIVANDRUM
695 028 KERALA - INDIA

C.A./K.A.:

C/C	P.IVA/VAT	TEL./PHONE	FAX/FAX	AGENTE/AGENT	N° DOC.	DATA/DATE	PAG.
EX164				Pierpaolo Marcon	108	14/02/18	1

CONDIZIONI DI PAGAMENTO/TERMS OF PAYMENT	RIFERIMENTO N°/DOCUMENT/YOUR REF
PAYMENT IN ADVANCE	RMA 049 - 05/02/18

BANCA D'APPOGGIO/BANK DETAILS

Bonifi...

CODICE/CODE	DESCRIZIONE & NOTE/DESCRIPTION & NOTE	UM	Q.TÀ/Q.TY	PREZZO/PRICE	SC./DISC.%	TOTALE/TOTAL
	PLISER 1 SN 102					
SLMAN001.0	**WORKMAN TIME - SERVICE** CUSTOMS CODE: 331312	H	16,0	70,00		1.120,00
LOC( )5.3-B1	**PUMP CAVITY - LATERAL PART** CUSTOM CODE: 90259000 NET WEIGHT: 0.5 Kg	PZ	2,0	150,00		300,00
COMIR0042	**Er:YAG R. MIRROR 100% REFLECTIVITY** CUSTOM CODE: 90019000 NET WEIGHT: 0,1 Kg	PZ	1,0	300,00		300,00
LOLMP012.1	**LAMP** CUSTOMS CODE: 85394100 NET WEIGHT: 0,1 Kg The exporter of the products covered by this document declares that, except where otherwise clearly indicated, these products are of Italian origin.	PZ	1,0	495,00		495,00
CMVAR0340	**FLOW METER PARKER** CUSTOMS CODE: 90249000 NET WEIGHT: 0,1 kg	PZ	1,0	194,00		194,00
CMVAR0649	**WATER SPRAY FILTER** CUSTOMS CODE: 90249000 NET WEIGHT: 0,1 Kg	PZ	1,0	18,00		18,00
LAACS093.1	**UPGRADE H2O FILTER PLUSER** CUSTOMS CODE: 90249000 NET WEIGHT: 0,50 Kg	PZ	1,0	170,00		170,00
LAA .097.1	**AIR COMPRESSOR OIL FILTER CARTRIDGE** CUSTOMS CODE: 90249000 NET WEIGHT: 0,1 Kg	PZ	1,0	45,00		45,00

PORTI/FOR EVEL. TRANS.	TRASPORTO MEZZO/DELIVERED BY	SPESE TRASP./TRANSP. FEES	SPESE IMBALLO/PACK.COST	SPESE VARIE/OTHER COST	TOTALE MERCE/GOODS TOTAL
Charged on invoice	Carrier				2.698,00

TERMINI CONSEGNA & NOTE/DELIVERY TIMES & NOTE

TOT. OFFERTA/TOT. AMOUNT

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM

Ufficio Commerciale/Sales Dept.
Pierpaolo Marcon

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH THIRUVANANTHAPURAM-28

OFFERTA CLIENTE
PROFORMA INVOICE

Mod. COM_02/1

LAMBDA Spa

SPETT.LE/TO
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
GOLDEN HILLS, TRIVANDRUM
695 028 KERALA - INDIA

C.A./K.A.:

C.C.	P.IVA/VAT	TEL./PHONE	FAX/FAX	AGENTE/AGENT	N° DOC.	DATA/DATE	PAG.
EX164				Pierpaolo Marcon	**108**	**14/02/18**	2

CONDIZIONE DI PAGAMENTO/TERMS OF PAYMENT	RIFERIMENTI VS. DOCUMENTO/YOUR REF
PAYMENT IN ADVANCE	RMA 049 - 05/02/18

BANCA D'APPOGGIO/BANK DETAILS	PAESE

CODICE/CODE	DESCRIZIONE & NOTE/DESCRIPTION & NOTE	UM	QUANTITY	PREZZO/PRICE	SCONTO/DISC.%	TOTALE/TOTAL
LAACS098.1	**AIR COMPRESSOR AIR FILTER CARTRIDGE** CUSTOMS CODE: 90249000 NET WEIGHT: 0,1 Kg	PZ	1,0	20,00		20,00
LOMAN018.2-H	**O-RING SEALS FOR ERBIUM HANDPIECE** CUSTOMS CODE: 90259000 NET WEIGHT: 0,1 Kg	PZ	4,0	6,50		26,00
T0017	**LITHIUM BATTERY 3.7V** CUSTOMS CODE: 85068080 NET WEIGHT: 0,1 Kg	PZ	1,0	10,00		10,00

MODO/DELIVERY TERMS	TRASPORTO MEZZO/DELIVERED BY	SPESE TRASP./TRANSP. COST	SPESE IMBALLO/PACK.COST	SPESE VARIE/OTHER COST	TOTALE MERCE/GOODS TOTAL
Charged on invoice	Carrier	120,00			2.698,00

TEMPI DI CONSEGNA & NOTE/DELIVERY TIME & NOTE	TOT. OFFERTA/TOT. AMOUNT
	EUR 2.818,00

TIMBRO, DATA E FIRMA PER ACCETTAZIONE/SIGN AND STAMP FOR ACCEPTANCE

PREZZI IVA ESCLUSA - NET PRICES
(Validità Offerta 60gg/
Offer Validity 60 days)

Nel caso di nuovo cliente si prega di compilare i campi sottostanti:/
Please, in case of new customer fill up the form below
P. IVA: _____ ABI-CAB: _____
BANCA / FILIALE: _____

Ufficio Commerciale/Sales Dept.
Pierpaolo Marcon

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH PMS TRIVANDRUM-28

PRINCIPAL
PMS COLLEGE OF DENTAL
SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

UNIVERSAL AGENCIES

ISO 9001:2008

PALAKKAL ANGADI, THRISSUR - 680 001, KERALA

✆ 0487 - 2440319, 2427038, 2427031 Mob : 93870 21122

E-mail : uniage@gmail.com, uniage.sales@gmail.com

TIN : 32080571954
CST : 25116761 dt 04/77
DL No. KL-TSR-103576/208
KL-TSR-103571/216

The Kerala Value Added Tax Rules 2005 - Form. 8B

Tax Invoice CASH / CREDIT

UA-1917/2015
28.03.2016

PRINCIPAL,
PMS DENTAL COLLEGE
VATTAPARA, TRIVANDRUM

Order No. & Date

Sl NO	Item Name	Qty	Unit Price	Net Value	Tax(%)	Tax Amount	Total
1	LABOMED Binocular Microscope Model LX 200 with LED	6	22500.00	135000.00	14.5	19575.00	154575.00
				135000.00		19575.00	154575.00

Received on 29/3/16

Received & Installed 1/4/2016

Verified. and Go to Dept. DR. APPA 1/4/16

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH

Rupees One Lakh Fifty Four Thousand five hundred and seventy five only

DECLARATION Certified that all particulars shown in the above Tax Invoice are true and correct in all respects and the goods on which the tax charged and collected are in accordance with the provisions of the KVAT ACT 2003 and the rules made thereunder. It is also certified that our Registration under KVAT Act 2003 is not subject to any suspension/cancellation and it is valid as on the date of this bill.

For UNIVERSAL AGENCIES

Member

MANAGER

Lab Systems

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

Lab Systems # 162, 1st Floor, (Next to Indian Bank) 1st Main Road, Seshadripuram, BANGALORE - 560020 (Karnataka) Contact : + 91 80 41301310 / 65901310 GSTIN/UIN: 29AAWPG7084N1ZM E-Mail : labwareonline@gmail.com	Invoice No. 285	Dated 16-Aug-2017
		Mode/Terms of Payment Advance
	Buyer's Order No. 00439	Dated 4-Aug-2017
Buyer **PMS College of Dental Sciences & Research** Golden Hills, Vattapara,, VENKODE (PO),, Trivandrum - 695028 (Kerela), Ph : ~~09644599880~~ PAN/IT No : AAAAN1299F Kerala, Code : 32 PM0358	Terms of Delivery **VRL Logistics Ltd (Priority Ser)** **No of Box : SIX** **Docket :** Net weight: 120 Kg (Approx) Gross (vol) weight: 150 Kg	

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
1	**Prima DNT, Dental Operating Microscope LABOMED**	9018.4900	12 %	**1 nos**	4,20,000.00	nos	**4,20,000.00**
	DBSi, Double Beam Splitter(Inclined)	9018.9099	12 %	**1 nos**	63,000.00	nos	**63,000.00**
	Adapter for DSLR Camera for Operating Microscope	9018.9099	12 %	**1 nos**	42,000.00	nos	**42,000.00**
	Dual Iris for Surgical Operating Microscope	9018.9099	12 %	**1 nos**	10,600.00	nos	**10,600.00**
							5,35,600.00
	Output IGST @ 12%				*12*	%	**64,272.00**
	Total			**4 nos**			**₹ 5,99,872.00**

Amount Chargeable (in words) *E. & O.E*

INR Five Lakh Ninety Nine Thousand Eight Hundred Seventy Two Only

HSN/SAC	Taxable Value	Integrated Tax Rate	Integrated Tax Amount
9018.4900	4,20,000.00	12%	50,400.00
9018.9099	1,15,600.00	12%	13,872.00
Total	5,35,600.00		64,272.00

Tax Amount (in words) : **INR Sixty Four Thousand Two Hundred Seventy Two Only**

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH
RECEIVED
Date
Store in Charge

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Company's Bank Details
Bank Name : HDFC Bank (Current A/c)
A/c No. : 00092320002390
Branch & IFS Code : Kasturba Road & HDFC0000095

Customer's Seal and Signature

for Lab Systems
Authorised Signatory
Bangalore - 20

SUBJECT TO BANGALORE JURISDICTION

This is a Computer Generated Invoice

For CD and E
Inspection
24/8/17

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM

ANANTHAPURI SURGICALS

Opp. Medical College, Thiruvananthapuram - 695 011
Phone : 2554993

KGST No. : 11134488 | Dtd. 21-11-2002
CST. No. : 11139488 |
TIN : 32010953465

CASH / CREDIT BILL
THE KERALA VALUE ADDED TAX RULES 2005
FORM No. 8

Name : PMS DENTAL COLLEGE
VATTAPARA
TIN :

Invoice No. : 232
Date : 25-06-2017
Page No. :
SalesmanNo. :
No. of cases : A

Product Name & Packing	MFR	MRP	Batch	Exp. Dt.	Qty.	Disc.	Rate	VAT%	Amount
TAL PROTECTION KIT CAREON	L DISPO	275.00	HKMCT-48	04/20	10		225.00	5.0	2,250.00

PM0148

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH
RECEIVED
Date
Store in Charge

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
VATTAPPARA, THIRUVANANTHAPURAM-28

Taxable :	2,250.00	Rel :	0.50			VAT :	112.50
Tax Amt. :	112.50	Qty. :	10.00	Freight :		CESS :	

Net Amount : 2,363.00

Words : Two Thousand Three Hundred Sixty Three Only

Packed By : Checked By : For ANANTHAPURI SURGICALS

DN :- Certified that all the particulars shown in the above Tax Invoice are true and correct and that my/our Registration under KVAT Act 2003 on the date of this Bill.
Goods will not be taken back for credit or exchange. Subject to Trivandrum jurisdiction.

pm0965

ALPHA HEALTHCARE SOLUTIONS

K P 1/635, KAIRALI HOUSE, OPP. INDIAN BANK,
MAR IVANIOS COLLEGE MAIN GATE, NALANCHIRA P.O,
TRIVANDRUM - 695 015 , PHONE # 0471 2541321
CELL:#+919645174551/+919495275374
+919645174116/ +919400576139
DL NO : KL-TVM-115744 / KL-TVM-115745
E-Mail . alphahealthcaresolutions@gmail.com

GSTIN : 32AATFA8536A1ZL
State : Kerala [32]

RETAIL INVOICE

[x] Original for Recipient
[ ] Duplicate for Transporter
[ ] Triplicate for Supplier

Invoice No. : AHS/R/19 CASH / CREDIT Invoice Date : 19-4-2018

Name & Address of Customer :
PMS DENTAL COLLEGE, VATTAPPARA,
TRIVANDRUM
State Kerala [32]

Order No
Despatch No.
Reference AHS/R/19
Mobile No.

Sl No.	Description of Goods	HSN /SAC	MRP Rate	Quantity	Rate	Amount	GST Rate	Tax Amount	Total
1	TOTAL PROTECTION [illegible] (Hw Kit Roundoff	9307		10 nos	156.190	1,561.900	5 %	78.096	1,639.996 3.004
	Total			10 nos		1,561.900		₹ 78.096	₹ 1,640.00

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH
RECEIVED
Date 19/4/18
Store in Charge

PMS COLLEGE OF DENTAL SCIENCE & RESEARCH • THIRUVANANTHAPURAM •

PRINCIPAL
PMS COLLEGE OF DENTAL SCIENCE & RESEARCH
THIRUVANANTHAPURAM-28

Amount Chargeable (in words)
INR One Thousand Six Hundred Forty Only

HSN/SAC	Taxable Value	Central Tax		State Tax	
		Rate	Amount	Rate	Amount
9307	1,561.900	2.50%	39.048	2.50%	39.0
	Total 1,561.900		39.048		39.0

ALPHA HEALTHCARE SOLUTIONS

K P 1/535, KAIRALI HOUSE, OPP. INDIAN BANK,
MAR IVANIOS COLLEGE MAIN GATE, NALANCHIRA P.O,
TRIVANDRUM - 695 015 , PHONE # 0471 2541321
CELL#+919645174551/+919495275374
+919645174116/ +919400576139
DL NO : KL-TVM-115744 / KL-TVM-115745
E-Mail : alphahealthcaresolutions@gmail.com

GSTIN : 32AATFA8536A1ZL
State : Kerala [32]

RETAIL INVOICE

[x] Original for Recipient
[ ] Duplicate for Transporter
[ ] Triplicate for Supplier

Invoice No. : AHS/R/305 CREDIT BILL **Invoice Date : 29-11-2018**

Name & Address of Customer :
PMS DENTAL COLLEGE, VATTAPPARA, TRIVANDRUM

PM1532

State : **Kerala** [32]

Order No. :
Despatch No. :
Reference : **AHS/R/305**
Mobile No. :

Sl No.	Description of Goods	HSN /SAC	MRP Rate	Quantity	Rate	Amount	GST Rate	Tax Amount	Total
1	TOTAL PROTECTION KIT (Hiv Kit) BATCH : TPK7268, MRP: 250	6307		7 nos	166.670	1,166.690	5 %	58.335	1,225.025
	Less : Roundoff								(-)0.024
	Total			7 nos		1,166.690		58.334	₹ 1,225.000

PMS COLLEGE OF DENTAL SCIENCE AND RESEARCH
RECEIVED
Date 29/11/18
Signature

Amount Chargeable (in words) E. & O.E

INR One Thousand Two Hundred Twenty Five Only

HSN/SAC	Taxable Value	Central Tax		State Tax	
		Rate	Amount	Rate	Amount
6307	1,166.690	2.50%	29.167	2.50%	29.167
Total	1,166.690		29.167		29.167

Tax Amount (in words) : **INR Fifty Eight and Thirty Three paise Only**

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for ALPHA HEALTHCARE SOLUTIONS

Authorised Signatory

This is a Computer Generated Invoice