

(A Unit of Margdarsi)

Office: N-2/41, I.R.C Village, Nayapalli, Bhubaneswar – 751015, Ph.:0674-2553640, 2550054 Campus: Chandaka, Bhubaneswar, Khordha, Odisha, pin: 754005, E-mail:ihsbbsr@margdarsi.org, web: www.ihsindia.org

#### 8.1.6 – Invoices of Clinical instrumentation and tools

Rehab & Care N2/41, IBC Village, Nayapalli Bhubar, Swar-751015	Invoice No. 562				Dated <b>18-Mar-2021</b> Mode/Terms of Payment Other Reference(s)			
Bhubar								
E-Mail : rehabncare@gmail.com	Suppliers P							
Buyer nstitute of Health Sciences		Buyer's Order No.			Dated			
State Name : Odisha, Code : 21		ocument No.			e Date			
	Despatched		Destin	ation				
	Terms of De	elivery						
SI Description of Goods	HSN/SAC	Quantity	Rate	per	Amount			
1 Active Band 2 Flower Bed 3 Food Table 4 Mattress 5 Semi Flower Bed		1 nos 1 nos 3 nos 3 nos 2 nos	1,850.00 14,500.00 3,200.00 3,166.67 13,000.00	nos nos nos	1,850.00 14,500.00 9,600.00 9,500.00 26,000.00 61,450.00			
CGST@ SGST@				%	5,530.50 5,530.50			
	otal	10 nos			₹ 72,511.00			
nount Chargeable (in words)					E. & O.E			
R Seventy Two Thousand Five Hundred Eleven HSN/SAC Taxa Val	able Cen lue Rate	tral Tax Amount		moun				
	50.00 9% 50.00	5,530.50 5,530.50		5,530 5,530				
ax Amount (in words) : INR Eleven Thousand Sixty O Company's VAT TIN : 21545600530 lectaration Ve declare that this invoice shows the actual price of the oods described and that all particulars are true and	one Only			+ REAL	or Rahab & Qard			
correct.	er Generated Inv			Air	horised Signatory			

Director Institute of Health Sciences Bhubaneswar



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	Tax Inv	voice						
Rehab & Care N2/41, IPC Village, Nayapalli Bhubancswar-751015 GSTIN/UIN: 21ABKPM8056B1ZX State Name : Odisha, Code : 21 E-Mail : rehabncare@gmail.com		Delivery Note Mode/		Dated 18-Mar-2021 Mode/Terms of Payment Dther Reference(s)				
Buyer		Buyer's Order No.			Dated			
Institute of Health Sciences State Name : Odisha, Code : 21		Despatch De	ocument No.	Delive	Delivery Note Date Destination			
		Despatched	through	Destin				
		Terms of Delivery						
SI Description of Goods		HSN/SAC	Quantity	Rate	per	Amount		
1 Walker 2 Wheel Chair			1 nos 1 nos	1,860.00 6,800.00		1,860.00 6,800.00		
	CGST@2.5%			2.50		8,660.00		
	SGST@2.5%			2.50		216.50 216.50		
mount Chargeable (in words)	Total		2 nos			₹ 9,093.00 E. & O.E		
NR Nine Thousand Ninety Three Only company's VAT TIN : 21545600530 Ve declare that this invoice shows the actual oods described and that all particulars are tr orrect.	rue and	enerated Inv		/	De de	or Rohab & Carto		

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Sil     Description of Goods     HSN/SAC     Quantity     Rate       Sil     Description of Goods     HSN/SAC     Quantity     Rate       Sil     Description of Goods     HSN/SAC     Quantity     Rate       Air Bed     Air Bed     2.22     3.05     3.05       Sil     Description of Goods     HSN/SAC     Quantity     Rate       Sil     Air Bed     2     1 nos     2.25       Sphygmomanometer     1 nos     1.16     1 nos     2.25	other Refer Dated Delivery No Destination te per 50.00 nos	Amount 4. 1,350.00 4. 25,000.00 5. 2,250.00 6. 400.00 5. 2,250.00 6. 1,150.00 1,150.00 1,150.00
Sile Name     Delivery Note     M       Delivery Note     M     M       Satti Null 21ABKPM8056B1ZX     Supplier's Ref.     O       Sate Name     Odisha, Code : 21     Supplier's Order No.     D       Image: State Name     Odisha, Code : 21     Despatch Document No.     D       State Name     Odisha, Code : 21     Despatch Document No.     D       State Name     Odisha, Code : 21     Despatch d through     D       Terms of Delivery     Terms of Delivery     D       State Name     Description of Goods     HSN/SAC     Quantity       Rate Name     Air Bed     1 nos 25.00     2 nos 3.20       1     Hand Dynamometer     1 nos 2.228     1 nos 2.228       5     Stethoscope     1 nos 1.600     1.600       7     Tilt Table Mannual     1 nos 1.600	ther Refer           pated           Delivery No           Destination           destination           50.00           0.00.00           0.00	Amount 4. 1,350.00 5. 25,000.00 6,400.00 2,280.00 1,150.00 5. 4,430.00 3,265.80
State Name : Odisha, Code : 21     Supplier's Ref.     O       E-Mail : rehabncare@gmail.com     Buyer's Order No.     D       Institute of Health Sciences     Despatch Document No.     D       State Name : Odisha, Code : 21     Despatch durough     D       Terms of Delivery     Terms of Delivery       State Name duroup in the state of the s	Delivery No           Destination	Amount 1,350.000 2,250.00 2,250.00 1,150.00 16,000.00 54,430.00 3,265.80
State Name     Odisha, Code : 21     Despatch Document No.     D       Despatched through     D     D       Terms of Delivery     T       No.     D       1     Hand Dynamometer       2     Interferential Therapy Vectrodyne       3 Air Bed     2 nos       4     Shoulder Wheel Acial       5     Sphygmomanometer       6     Stethoscope       7     Tilt Table Mannual	Delivery No           Destination           te         per           50.00         nos           6         %	Amount 1,350.00 25,000.00 2,250.00 2,250.00 1,150.00 16,000.00 54,430.00 3,265.80
State Name     : Odisha, Code : 21     Despatch Document No.     D       Despatched through     D       Terms of Delivery       Si     Description of Goods     HSN/SAC     Quantity     Rat       1     Hand Dynamometer     3 nos     45       2     Interferential Therapy Vectrodyne     3 nos     25.00       3     Air Bed     1 nos     22.05       4     Shoulder Wheel Acial     5 sphygmomanometer     1 nos       5     Sphygmomanometer     1 nos     1.16       7     Tilt Table Mannual     CGST@6%     1 nos	te per 50.00 nos 00.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 6 %	Amount 1,350.00 25,000.00 2,250.00 2,250.00 1,150.00 16,000.00 54,430.00 3,265.80
St     Description of Goods     HSN/SAC     Quantity     Rat       1     Hand Dynamometer     3 nos     45       2     Interferential Therapy Vectrodyne     1 nos     25.00       3 Air Bed     2 nos     3.20       4     Shoulder Wheel Acial     1 nos     2.22       5     Sphygmomanometer     1 nos     2.22       6     Stethoscope     1 nos     1.16       7     Tilt Table Mannual     1 nos     1.600	te per 50.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 6 %	Amount 1,350.00 25,000.00 2,250.00 2,280.00 1,150.00 16,000.00 54,430.00 3,265.80
SI     Description of Goods     HSN/SAC     Quantity     Rat       1     Hand Dynamometer     3 nos     45       2     Interferential Therapy Vectrodyne     3 nos     25.00       3     Air Bed     2 nos     3.20       4     Shoulder Wheel Acial     1 nos     2.28       5     Sphygmomanometer     1 nos     2.28       6     Stethoscope     1 nos     1.16       7     Tilt Table Mannual     1 nos     16.00	50.00 nos 00.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 6 %	1,350.00 25,000.00 6,400.00 2,250.00 2,280.00 1,150.00 16,000.00 54,430.00 3,265.80
1     Hand Dynamometer     3 nos     45       2     Interferential Therapy Vectrodyne     1 nos     25.00       3     Air Bed     2 nos     3.22       4     Shoulder Wheel Acial     1 nos     2.28       5     Sphygmomanometer     1 nos     2.28       6     Stethoscope     1 nos     1.16       7     Tilt Table Mannual     1 nos     16.00	50.00 nos 00.00 nos 50.00 nos 50.00 nos 50.00 nos 50.00 nos 6 %	1,350.00 25,000.00 6,400.00 2,250.00 2,280.00 1,150.00 16,000.00 54,430.00 3,265.80
1     Hand Dynamometer     3 nos     45       2     Interferential Therapy Vectrodyne     1 nos     25,00       3 Air Bed     2 nos     3.20       4     Shoulder Wheel Acial     1 nos     2.22       5     Sphygmomanometer     1 nos     2.22       6     Stethoscope     1 nos     1.16       7     Tilt Table Mannual     1 nos     16,00	00.00 nos 00.00 nos 50.00 nos 30.00 nos 50.00 nos 00.00 nos	25,000.00 6,400.00 2,250.00 2,280.00 1,150.00 16,000.00 54,430.00 3,265.80
6 Stethoscope 1 nos 1.15 7 Tilt Table Mannual 1 nos 16,00 CGST@6%	50.00 nos 00.00 nos 6 %	1,150.00 16,000.00 54,430.00 3,265.80
		3,265.80
Total 10 nos		₹ 60,961.60
Amount Chargeable (in words) INR Sixty Thousand Nine Hundred Sixty One and Sixty palse Only Company's VAT TIN : 21545600530 Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.	KEN	E. & O.E
This is a Computer Generated Invoice	~	TUBANES



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Shree Enterprisers			11-			Dated	RANSPORTER)
Companys GSTINUIN : 21ANOPP9533A1Z3 www.shreeenterprisers.com			т	Invoice No. T-3192 Delivery Note			ec-2020 Terms of Payment
www.shreeenterprisers.com				upplier's R	ef.	Other Reference(s)	
Buyer					er No.	Dated	
I.H.S NAYAPALI BHUBANESWAR					cument No.		
Phone No-9438005095 State Name : Odisha, Code : 21			Despatched through				
			Т	erms of De	livery		
SI Description of Goods		HSN/SAC	GST	Quantity	Rate	per Disc	: % Amount
1 WAX BATH-UB PHYSIO 2 Activ Band Yellow 4054 3 Active Band Red 4054		90189099 4008 4008	12 % 18 % 18 %	1 pcs 2 pcs	8,500.00 254.24	DCS	8,500.00 508.48
4 Paraffin Wax		27122090	18 %	1 pcs 2 pcs	279.66 280.00	pcs	279.66 560.00
Roun	CGST SGST d Off						9,848.14 631.33 631.33 0.20
Amount Chargeable (in words)	Total			6 pcs			₹ 11,111.00 E & O.E
		Taxa Val 8,50	0.00 8.14 0.00	9% 5	ount Rat 10.00 6 70.93 9 50.40 9	% 1 %	ax Total ount Tax Amount 10.00 1,020.00 70.93 141.86 50.40 100.80
NR Eleven Thousand One Hundred Eleven Only HSN/SAC 00189099 1008		56		63	31.33	63	31.33 1,262.66
HSN/SAC 10186099 1018	compar bank Na	ny's Bank	8.14 Ix pa Detail State			006408 fo	r Shree Enterprisers
HSN/SAC 3001890599 1008 17122090 Tax Amount (in words) : INR One Thousand Two Hundred Sixty Two Tax Amount (in words) : INR One Thousand Two Hundred Sixty Two Company's GSTIN/UIN : '21ANOPP9533A123	Compar Bank Na Vic No. ranch &	ny's Bank ame : Sixty S	8.14 Ix pa Detail State	s Bank of Ir		006408 fo	192

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Director Institute of Health Sciences Bhubaneswar