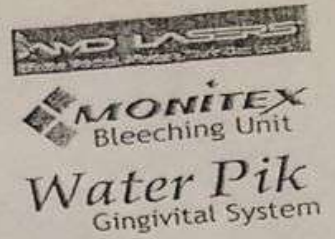
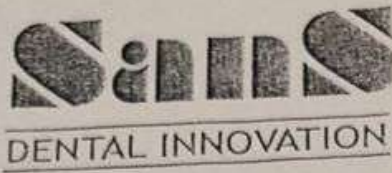


DENSPLY
DIA
DIGITAL
SEILER



CASH/CREDIT BILL

Original

To:
Tagore Dental College & Hospital
Chennai

Invoice No. 79

Date. 28-2-2011

D.C No. 092

D.C Dt. 28-2-2011

P.O No. -

P.O Dt. 3-1-2011

Despatch Through :

Party LST No.

| No. | Description of Goods | Qty | Rate | Tax % | Amount |
|-----|------------------------------------|-------|-------------|-------|-------------|
| 1 | 2.5W/810mm Diode Soft Tissue Laser | 1 Nos | 1,58,654.00 | 4 % | 1,58,654.00 |

287/10-11

ords.

h Sixty Five Thousand Only.

| | |
|-------------|-------------|
| Sub Total | 1,58,654.00 |
| Output@4% | 6,346.16 |
| Rounded Off | (-)0.16 |

11424712

25 dt: 21 04 10

Tax Invoice

(ORIGINAL FOR RECIPIENT)

ESSENTIAL DENTAL PRODUCTS

A-428, Defence Colony
New Delhi - 110024
PH: 41551160, 85656510
E-MAIL: Info@edp-Dental.Com
Drug License No: S (0719) 12-W
GSTIN/UIN: 07AAUP50022J1Z1

Buyer
Tagore Dental College and Hospital
Near Vandalur, Melakkottaiyur Post,
Rathnamangalam, Chennai, Tamil Nadu - 600127
State Name: Tamil Nadu, Code: 33
Place of Supply: Tamil Nadu

| | |
|-------------------------|-----------------------|
| Invoice No. | Dated |
| IR329 | 16-Jan-2018 |
| Delivery Note | Mode/Terms of Payment |
| Supplier's Ref. | Other Reference(s) |
| Buyer's Order No. | Dated |
| order no.TDCH-048/17-18 | 10-Oct-2017 |
| Despatch Document No. | Delivery Note Date |
| Despatched through | Destination |
| Terms of Delivery | |

| S | Description of Goods | HSN/SAC | GST Rate | Quantity | Rate | per | Disc. % | Amount |
|---|--|----------|----------|---------------|-------------|------|---------|----------------------|
| 1 | Annual Support Renewal Charges (Dolphin) | 85243111 | 18% | 1 pcs. | 3,45,762.71 | pcs. | | 3,45,762.71 |
| | IGST | | | | | | | 62,237.29 |
| | Total | | | 1 pcs. | | | | ₹ 4,08,000.00 |

E & OE


Amount Chargeable (in words)

Indian Rupees Four Lakh Eight Thousand Only

| HSN/SAC | Taxable Value | Integrated Tax | | Total Tax Amount |
|--------------|--------------------|----------------|------------------|------------------|
| | | Rate | Amount | |
| 85243111 | 3,45,762.71 | 18% | 62,237.29 | 62,237.29 |
| Total | 3,45,762.71 | | 62,237.29 | 62,237.29 |

Tax Amount (in words): **Indian Rupees Sixty Two Thousand Two Hundred Thirty Seven and Twenty Nine 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 ESSENTIAL DENTAL PRODUCTS

Authorized Signatory

Tax Invoice

(Original For Buyer)

| | | |
|---|---------------------------|-----------------------|
| BLUEDENT INDIA #16/F2,Sree Ganesh Flats 3 rd Cross Street,1 st Floor Hindu Colony Ullagaram Chennai-600 091 Email: bluedentindia@gmail.com | 022 | Date : 23-May-2016 |
| | Delivery Note | Mode/Terms Of Payment |
| | Supplier's Ref: | Other Reference(S) |
| Buyer TAGORE DENTAL COLLEGE & HOSPITAL Rathinamangalam ,Melakkottaiyur Post, Chennai-600 127 Ph:044- 30102222 | Buyer's Order No. Oral | Dated |
| | Despatch Document No. | Delivery Note Date |
| | Despatched Through | Destination |
| | Terms Of Delivery | |

| Sl.No. | Description Of Goods | Quantity | Rate | Per | Disc. % | Amount |
|--------|----------------------|----------|-----------|-----|------------|-----------|
| 1 | Bio Lase- Laser Unit | 1 nos | 450000.00 | Nos | - | 450000.00 |
| | Sub Total | | | | | 450000.00 |
| | Tax 5% | | | | | 22500.00 |
| | | | | | | 472500.00 |

Amount Chargeable (In Words)

INR Four Lakhs Seventy Two Thousand Five Hundred Only.

Company's VAT TIN : 33036322050

Company's Bank Details

Company's CST No : 1137498

Bank Name : Punjab National Bank

Company's PAN : AAPFB1746F

A/C No : 3613009300029873

Declaration

Branch & IFS Code : PERIAMET & PUNB0361300

We declare that this invoice shows the actual
Price of the goods described and that all
Particulars are true and correct.

For BLUEDENT INDIA

Authorized Signatory

NOVEL TECH INC.,

For Relentless Support...

#03,DNO.402,4th floor,
Elegant West Wood,11th Main,
Malleshwaram, Bangalore-560003
Phone: 080-32914511, 26322629
Tele Fax: 080-23560656
Email: responsenovel@yahoo.com

TAX INVOICE

KARNATAKA VAT NUMBER: 29141120091
PARTY TIN NUMBER:

| | | | |
|---|--|---|-----------|
| NAME & ADDRESS OF THE CONSIGNEE | | INVOICE NUMBER: NTI 037 | |
| To, THE PRINCIPAL TAGORE DENTAL COLLEGE AND HOSPITAL, RATHINAMANGALAM, VANDALUR POST, CHENNAI - 600 048 , TAMILNADU. DEPT : ORAL PATHOLOGY | | DATE OF INVOICE: 31/07/2014 ORDER DETAILS: DATED: 17/06/2014 SHIPMENT DETAILS: SURFACE DELIVERED ON: 01/08/2014 MODE OF DELIVERY: BYPERSON PLACE OF DELIVERY: VANDLUR | |
| EQUIPMENT DETAILS | | RATE/UNIT | QTY |
| Olympus Trinocular Research Microscope Model- BX53 with Phase Contrast, Dark Field, Bright Field, Polarizing and Digital Microphotography System, with Sony w710. 16 MP digital Camera | | 818958.00 | 01 |
| TOTAL | | | 818958.00 |
| KVAT @ 05.5% EXTRA | | | 818958.00 |
| GRAND TOTAL | | | 45042.00 |
| EIGHT LAKHS SIXTY FOUR THOUSAND ONLY. | | | 864000.00 |

TERMS AND CONDITIONS OF SALE

NOTE: GOODS ONCE SOLD WILL NOT BE TAKEN BACK UNLESS ANY MANUFACTURING DEFECTS NOTICED AT THE TIME OF DELIVERY AND INSTALLATION
 BILLS UNSETTLED FOR MORE THAN 30 DAYS WILL ATTRACT INTEREST @18%P.A.
 RATE PREVAILING AT THE TIME OF DELIVERY WILL BE APPLICABLE.



FOR NOVEL TECH INC.,
AUTHORIZED SIGNATORY

GOODS RECEIVED IN GOOD CONDITION



P. S. Kishore
 HEAD OF DEPARTMENT
 Department of Oral and Maxillofacial Pathology
 TAGORE DENTAL COLLEGE & HOSPITAL



Sanma Medineers Vision Private Limited

20, Brahmin Street, Korattur, Chennai - 600 080. India.
Ph : 044 - 2625 0304. Email : sales@sanmas.com

TIN : 33461303567
CST : 112 2554 dt.18.06.2012

To:
Tagore Dental College & Hospital,
Vandalore - Kelambakkam Road,
Rathinamangalam,
Chennai - 600 127

INVOICE

| | |
|-----------------|------------------|
| Invoice No: 313 | Date: 29.11.2017 |
| D.C.No: | Date: |
| P.O.No: | Date: |

Customer GSTIN No: Nil

Our GSTIN No: 33AARCS0584K1ZW

| S.NO | Particulars | HSN Code | Quantity | Rate | Amount in Rs |
|------|--|----------|----------|------------|--------------|
| 1 | MEDICAL EQUIPMENT Surgical Operating Microscope Model : Lumin PRO | 90185090 | 1 | 589,285.00 | 589,285.00 |

Pg
144

TAGORE DENTAL COLLEGE & HOSPITAL STORES
MATERIALS VERIFIED
S.L.F. No.
ENTERED ON 29/11/17
Stores Incharge

8171-048

Rupees : Six Lakhs Sixty Thousand Only.

| | |
|--------------------------|-------------------|
| Sub Total | 589,285.00 |
| IGST | 0.00 |
| CGST @ 6% | 35,357.50 |
| SGST @ 6% | 35,357.50 |
| Total Bill Amount | 660,000.00 |

Delivery Address:
Tagore Dental College & Hospital, Vandalore - Kelambakkam Road,
Rathinamangalam, Chennai - 600 127

For Sanma Medineers Vision



Subject to Chennai Jurisdiction

20, Brahmin Street, Korattur, Chennai - 600 080.
Contact : + 91 9444 444 624 / + 91 - 9444 006 818
Email : sanmamedineers@yahoo.com
sales@sanmas.com