



8.1.3: Institution follows infection control protocols during clinical teaching

- 1. Central Sterile Supplies Department (CSSD) (Registers maintained)**
- 2. Provides Personal Protective Equipment (PPE) while working in the clinic**
- 3. Patient safety curriculum**
- 4. Periodic fumigation / fogging for all clinical areas (Registers maintained)**
- 5. Immunization of all the caregivers (Registers maintained)**
- 6. Needle stick injury Register**

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CERTIFICATE OF THE HEAD OF INSTITUTION



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TO WHOMSOEVER IT MAY CONCERN

This is to certify that our Institution follows infection control protocols during clinical teaching

1. Central Sterile Supplies Department (CSSD) (Registers maintained)
2. Provides Personal Protective Equipment (PPE) while working in the clinic
3. Patient safety curriculum
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6. Needle stick injury Register

details are given:




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RELEVANT RECORDS OF ALL 6 PARAMETERS



OSHA model exposure control plan

The Model Exposure Control Plan is intended to serve employers as an example exposure control plan which is required by the Bloodborne Pathogens Standard. A central component of the requirements of the standard is the development of an exposure control plan (ECP).

The intent of this model is to provide small employers with an easy-to-use format for developing a written exposure control plan. Each employer will need to adjust or adapt the model for their specific use.

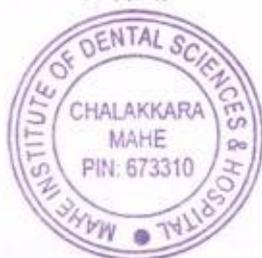
The information contained in this publication is not considered a substitute for the OSH Act or any provisions of OSHA standards. It provides general guidance on a particular standard-related topic but should not be considered a definitive interpretation for compliance with OSHA requirements. The reader should consult the OSHA standard in its entirety for specific compliance requirements.

POLICY

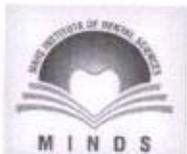
The (Facility Name) is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- * Determination of employee exposure
- * Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
- * Hepatitis B vaccination
- * Post-exposure evaluation and follow-up
- * Communication of hazards to employees and training
- * Recordkeeping
- * Procedures for evaluating circumstances surrounding an exposure incident



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PROGRAM ADMINISTRATION

- * (Name of responsible person or department) is (are) responsible for the implementation of the ECP. (Name of responsible person or department) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Contact location/phone number: _____
- * Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- * (Name of responsible person or department) will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Contact location/phone number: _____
- * (Name of responsible person or department) will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Contact location/phone number: _____
- * (Name of responsible person or department) will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact location/phone number: _____

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
<u>(Example: Phlebotomists)</u>	<u>(Clinical Lab)</u>
_____	_____




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The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>	<u>TASK/PROCEDURE</u>
<u>(Example: Housekeeper)</u>	<u>Environmental Services</u>	<u>Handling Regulated Waste)</u>
_____	_____	_____

Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting (Name of responsible person or department). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

(Name of responsible person or department) is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

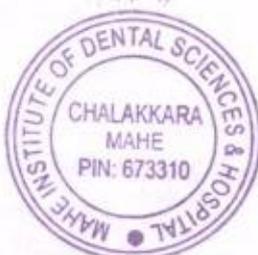
Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- * (For example: non-glass capillary tubes, SESIPs, needleless systems)

*

*



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Sharps disposal containers are inspected and maintained or replaced by (Name of responsible person or department) every (list frequency) or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through (Examples: Review of OSHA records, employee interviews, committee activities, etc.)

We evaluate new procedures or new products regularly by (Describe the process, literature reviewed, supplier info, products considered)

Both front line workers and management officials are involved in this process: (Describe how employees will be involved)

(Name of responsible person or department) will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by (Name of responsible person or department) in the use of the appropriate PPE for the tasks or procedures employees will perform.

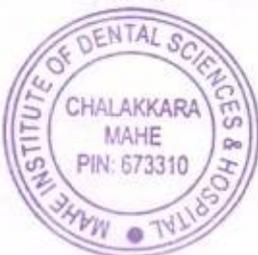
The types of PPE available to employees are as follows:

(Ex. gloves, eye protection, etc.)

PPE is located (List location) and may be obtained through (Name of responsible person or department)
(Specify how employees are to obtain PPE, and who is responsible for ensuring that it is available.)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in (List appropriate containers for storage, laundering, decontamination, or disposal.)
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated




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items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows: (may refer to specific agency procedure by title or number and last date of review)

(For example, how and where to decontaminate face shields, eye protection, resuscitation equipment)

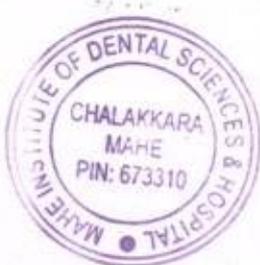
Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is: (may refer to specific agency procedure by title or number and last date of review).

The procedure for handling other regulated waste is: (may refer to specific agency procedure by title or number and last date of review).

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leakproof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at _____ (must be easily accessible and as close as feasible to the immediate area where sharps are used).



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Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

Laundry

The following contaminated articles will be laundered by this company:

Laundering will be performed by (Name of responsible person or department)
_____ at (time and/or location) _____

The following laundering requirements must be met:

- * handle contaminated laundry as little as possible, with minimal agitation
- * place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (red bags or bags marked with biohazard symbol) _____ for this purpose.
- * wear the following PPE when handling and/or sorting contaminated laundry:
(List appropriate PPE) _____

Labels

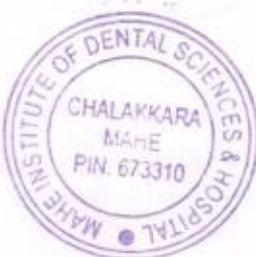
The following labeling method(s) is used in this facility:

EQUIPMENT TO BE LABELED _____ LABEL TYPE (size, color, etc.)
(e.g., specimens, contaminated laundry, etc.) red bag, biohazard label, etc.

(Name of responsible person or department) _____ will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify _____ if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

(Name of responsible person or department) _____ will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.



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The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at _____ (List location or person responsible for this recordkeeping).

Vaccination will be provided by _____ (List Health care Professional who is responsible for this part of the plan) at _____ (location).

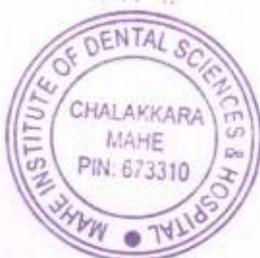
Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact _____ (Name of responsible person) at the following number: _____.

An immediately available confidential medical evaluation and follow-up will be conducted by _____ (Licensed health care professional). Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90



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days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

(Name of responsible person or department) _____ ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

(Name of responsible person or department) _____ ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- * a description of the employee's job duties relevant to the exposure incident
- * route(s) of exposure
- * circumstances of exposure
- * if possible, results of the source individual's blood test
- * relevant employee medical records, including vaccination status

(Name of responsible person or department) _____ provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

(Name of responsible person or department) _____ will review the circumstances of all exposure incidents to determine:

- * engineering controls in use at the time
- * work practices followed
- * a description of the device being used (including type and brand)
- * protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- * location of the incident (O.R., E.R., patient room, etc.)
- * procedure being performed when the incident occurred
- * employee's training

(Name of Responsible Person) _____ will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, (Responsible person or department) _____ will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)




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EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted by _____ (Name of responsible person or department) _____. (Attach a brief description of their qualifications.)

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

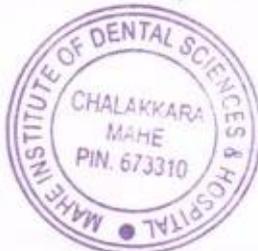
- * a copy and explanation of the standard
- * an explanation of our ECP and how to obtain a copy
- * an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- * an explanation of the use and limitations of engineering controls, work practices, and PPE
- * an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- * an explanation of the basis for PPE selection
- * information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- * information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- * an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- * information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- * an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- * an opportunity for interactive questions and answers with the person conducting the training session.

Training materials for this facility are available at _____.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at _____ (Name of responsible person or location of records) _____.



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The training records include:

- * the dates of the training sessions
- * the contents or a summary of the training sessions
- * the names and qualifications of persons conducting the training sessions
- * the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to _____ (Name of Responsible person or department)

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

_____ (Name of Responsible person or department) is responsible for maintenance of the required medical records. These confidential records are kept at _____ (List location) for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to _____ (Name of responsible person or department and address)

OSHA Recordkeeping

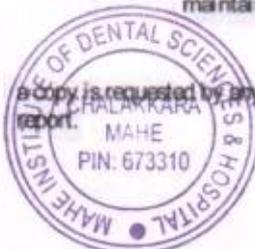
An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by _____ (Name of responsible person or department)

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If



a copy is requested by anyone, it must have any personal identifiers removed from the report.

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Needlestick Prevention Guide

WORK-RELATED BLOODBORNE PATHOGEN EXPOSURE: THE RISKS FOR HEALTH CARE WORKERS

Every day, health care workers are exposed to dangerous and deadly bloodborne pathogens through contaminated needlesticks, sharps, or splash exposures. It is one of the greatest risks faced by the frontline health care worker. Every percutaneous needlestick and sharps injury carries a risk of infection from bloodborne pathogens. Yet, these exposures often have been considered “part of the job.” Health care workers primarily are exposed to these pathogens via contaminated needlestick and sharps injuries. You probably know at least one colleague who has sustained an injury, or perhaps you have been stuck yourself. It is important that you and your colleagues fully understand these risks.

The Facts About Occupational Infection:

Registered nurses working at the bedside sustain an overwhelming majority of these injuries (Perry, Parker, & Jagger, 2003). These exposures carry the risk of infection with Hepatitis B (HBV), Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV), the virus that causes AIDS. Each of these viruses poses a different risk if a health care worker is exposed. More than 20 other infections can be transmitted through needlesticks, including syphilis, malaria, and herpes (Centers for Disease Control and Prevention [CDC], 1998a). At least 1,000 health care workers are estimated to contract serious infections annually from needlestick and sharps injuries (International Health Care Worker Safety Center, 1999). According to the National Institute of Occupational Safety and Health (NIOSH), the design of the device can increase the risk of injury. Specific features make certain devices more dangerous. These include: (National Institute for Occupational Safety and Health [NIOSH], 1999).

- Devices with hollow bore needles.
- Needle devices that need to be taken apart or manipulated by the health care worker like blood drawing devices that need to be detached after use.
- Syringes that retain an exposed needle after use.
- Needles that are attached to tubing like butterflies that can be difficult to place in sharps disposal containers.

The highest risk of injury is from blood filled hollow bore needles. They accounted for 63% of the needlestick injuries from June 1995 July 1999 (NIOSH, 1999). Ninety percent of the Centers for Disease Control and Prevention (CDC) documented cases of health care workers who contracted HIV from needlestick injuries involved injuries with hollow bore, blood filled needles (CDC, 1998a). These data may appear to be “old”, dating back five or six years. It continues to have relevance when discussing the 2000 Needlestick Safety and Prevention Act since it was the science available at the time the law was debated, and ultimately, passed in United States. These data proved to be very persuasive, and helped make the case for the law. Current data suggest that improvements in the design and distribution of equipment are making a positive impact on the incidence of needlesticks. Many references are provided that will direct the reader to data that is continuously updated and reflects current science. Some of the websites cited are continuously monitoring the epidemiology of these injuries and should be used in current discussions of the subject.

HIV/AIDS

HIV Transmission From Infected Patients to Health Care Workers

While the transmission rate of occupationally acquired HIV remains very low (.3%), AIDS is a debilitating and ultimately fatal disease. Many nurses throughout the world are living with occupationally acquired AIDS, and many have died from it. Concerns about HIV-contaminated blood led to the 1991 OSHA Bloodborne Pathogens Standard and CDC’s Universal Precautions

(Post-exposure prophylaxis (PEP) is essential to reduce the risk of transmission and should be started within two hours of exposure).

- The transmission rate of occupationally acquired HIV after an exposure is 0.3% (1 in 300). In other words, if a health care worker is stuck by a needle or cut by a sharp that is contaminated with the blood of an HIV patient, there is a 1 in 300 chance that she or he will be infected with HIV. • The risk of transmission can increase up to 5% (a 1 in 20 chance) if the needle or sharp is contaminated by an HIV-infected patient with a high viral load (usually either with a new infection or during the terminal stages of the disease), the health care worker sustains a deep cut with lots of blood, and the procedure involved accessing the patient's vein or artery.
- As of June 2001, there were at least 57 CDC-documented cases of health care workers with occupationally acquired HIV and at least 137 cases of possible transmissions.
- Based on the prevalence of HIV, 35 new cases of occupationally acquired HIV are estimated to occur annually.
- Health care workers primarily have been infected with HIV after needlestick and sharps injuries or, rarely, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside the nose).
- The majority of infections have resulted from injuries from hollow-bore, blood-filled devices. Less frequently, workers have been infected via solid sharps (like suture needles or scalpels) and splash exposures.
- The body fluids of most concern for HIV transmission are: blood, semen, vaginal fluid, breast milk, and other body fluids containing blood.
- Other body fluids that may transmit the virus include: cerebrospinal fluid surrounding the brain and the spinal cord, synovial fluid surrounding bone joints, and amniotic fluid surrounding a fetus.

The Risk of Transmission of HIV From Infected Health Care

Workers to Patients:

- There has been only one instance of patients being infected by a health care worker in the United States. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of transmission have been identified
- There are no data to indicate that infected workers who do not perform invasive procedures pose a risk to patients. Thus, infected health care workers should modify their participation in invasive, exposure prone procedures, except in extreme emergency situations.¹⁸
- Infected workers should seek counsel from an expert panel to review and modify their practice based on the best available scientific information.

The Disease:

- HIV destroys CD4+ T cells, which are crucial to the normal function of the human immune system. Loss of CD4+ T cells in people with HIV is also a predictor of the development of AIDS.
- Most people infected with HIV carry the virus for years before enough damage is done to the immune system for AIDS to develop. However, recently developed sensitive tests have shown a strong connection between the amount of HIV in the blood and the decline in CD4+ T cell numbers and then development of AIDS. Reducing the amount of virus in the body with anti- HIV drugs can slow this immune system destruction.
- In addition to occupational exposure, HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors.
- Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

Treatment:

- There is no HIV vaccine. While aggressive vaccine research continues, it is still years and probably decades away.
- New medications, including antiretrovirals, can slow the development of HIV/AIDS. For the latest information on drug guidelines, contact the HIV/AIDS Treatment Information Service (ATIS) at www.hivatis.org.
- PEP can greatly reduce the risk of transmission and should be started within 2 hours of exposure.

Hepatitis C

Lately, hepatitis C, caused by HCV, has become a great concern for nurses. Hepatitis C is a serious disease of the liver and can be fatal. HCV was not identified until 1989; before that it was referred to as non-A, non-B virus. The method to test for hepatitis C in blood products was not developed until 1992, meaning that people who received blood products before 1992 might have been exposed to HCV. Testing for hepatitis C after needlestick injuries was not recommended by the CDC until 1998. However, even after that, many health care workers were unaware of the need to be tested for hepatitis C. There could be thousands and thousands of nurses with occupationally acquired hepatitis C who simply do not know it. It is a silent epidemic. ***The Disease:***

- Hepatitis C can lead to liver failure and liver cancer. It is the leading cause for liver transplant.
- Hepatitis C is the most common chronic bloodborne infection. The CDC estimates that almost four million are infected with HCV, whereas less than one million are infected with HIV.
- Eighty percent of people infected with HCV are asymptomatic, but symptoms can include jaundice, fatigue, dark urine, abdominal pain, loss of appetite, and nausea.
- Seventy percent of chronically infected persons develop chronic liver disease.

Transmission:

- HCV is primarily spread by exposure to infected blood, primarily via IV drug use, occupational exposure like needlestick and sharps injuries, or having received a blood product prior to 1992. Transmission can also occur from an infected mother to her baby during birth.

- HCV also can be sexually transmitted, but this is rare.
- Hepatitis C is the most frequent infection resulting from needlestick and sharps injuries with a transmission rate of 2.7%-10%. ***Treatment:***

- There is no vaccine for hepatitis C.
- There is currently no approved PEP for HCV.
- Interferon monotherapy or combination therapy with ribavirin are the current treatments.
- Combination therapy is currently the preferred treatment and has been shown to be effective in 40% of infected persons.
- These drugs are expensive.
- Alcohol use can make the disease worse.

Hepatitis B

Hepatitis B, caused by HBV is now preventable due to the vaccine that must be offered to all health care workers and is given to children at birth. After the 1991 Bloodborne Pathogens Standard required that the vaccine be offered, cases of hepatitis B in health care workers dropped from 17,000 annually to 400 annually—and continue to drop. **It is strongly recommended that all health care workers be vaccinated since it is the best means of prevention.** ***The Disease:***

- About 30% of infected people demonstrate no symptoms. Symptoms can include jaundice, fatigue, abdominal pain, loss of appetite, nausea, vomiting, and joint pain.
- Death from liver disease can occur in 15-25% of chronically infected people.
- Transmission occurs via blood and body fluids and is spread via unprotected sex with an infected partner, IV drug use, and mother-child transmission.
- There are approximately 1.25 million chronically infected people, 20-30% of whom acquired their infection during childhood.
- The highest rate of disease occurs among 20-49-year-olds. ***Who is at risk?***
- Health care and public safety workers
- People with multiple sex partners
- Men who have sex with men
- IV drug users
- Infants born to infected mothers • Hemodialysis patients

Treatment:

- Alpha interferon and lamivudine are used to treat chronic hepatitis B. They are effective in up to 40% of patients.
- These drugs should not be used in pregnant women.

- Alcohol use can make liver disease worse.

PROCEDURE TO FOLLOW AFTER A NEEDLESTICK OR SHARPS INJURY

Now that you know the risk of infection from needlestick and sharps injuries, what should you do if you sustain an injury? Under the OSHA Bloodborne Pathogens Standard, employers must evaluate and treat health care workers in accordance with the latest post-exposure assessment, prophylaxis, and treatment guidelines published by the CDC. These guidelines and documents are available on the CDC's web site: <http://www.cdc.gov/ncidod/hip/guide/phssep.htm>).

Before an exposure occurs, make sure your employer is able to provide:

- Immediate evaluation and risk assessment of needlestick injuries—e.g., a hospital hotline.
- Confidential testing for HIV, hepatitis B, and hepatitis C.
- Access to post-exposure treatment and prophylactic medications within two hours of exposure.
- Counseling, education, and follow-up testing for up to one year after exposure. If you sustain a needlestick injury.

After Exposure take the following actions immediately:

- Wash the wound with soap and water.
- Alert your supervisor and initiate the injury reporting system used in your workplace.
- Identify the source patient, who should be tested for HIV, hepatitis B, and hepatitis C infections. Your workplace will begin the process to test the patient by seeking consent.
- Report to the nursing superintendent and emergency department at designated treatment facility.
- Get tested immediately and confidentially for HIV, hepatitis B, and hepatitis C infections.
 - Get PEP in accordance with CDC guidelines when the source patient is unknown or tests positive for:
- HIV: Start prophylaxis within two hours of exposure. HIV PEP should include a four-week regimen of two drugs (zidovudine [ZDV] and lamivudine [3TC]; 3TC and stavudine [d4T]; or didanosine [ddI] and d4T) for most exposures and an expanded regimen that includes a third drug for HIV exposures that pose an increased risk for transmission. When the source patient's virus is known or suspected to be resistant to or more of the PEP drugs, the selection of drugs to which the source patient's virus is unlikely to be resistant is recommended.
- Hepatitis B: If vaccinated no treatment, but if unvaccinated get HBIG and initiate HB vaccine series.
- Hepatitis C: No treatment is currently recommended, but you may want to consult a specialist about experimental PEP.
- Document the exposure in detail, for your own records as well as for the employer. Under the needlestick law in United States, employers must maintain a confidential sharps injury log that contains, at a minimum, the type and brand of device involved in the incident, the department or work area where the exposure incident occurred, and an explanation of how the incident occurred.

Follow-Up:

- Get confidential follow-up, post-exposure testing at six weeks, three months, and six months, and depending on the risk, at one year.
- Receive monitoring and follow-up of PEP.
- Take precautions (especially by practicing safe sex) to prevent exposing others until follow-up testing is complete.

- **Don't be afraid to seek additional information or a referral to an infectious disease specialist if you have any questions. Also, consider counseling—a needlestick injury can be traumatic, regardless of the outcome.**

PREVENTION

While exposure to bloodborne pathogens is one of the most deadly hazards that nurses face on a daily basis, it is also one of the most preventable. Over 80% of needlestick injuries can be prevented with the use of safe needle devices, which, in conjunction with worker education and work practice controls, can reduce injuries by over 90%.

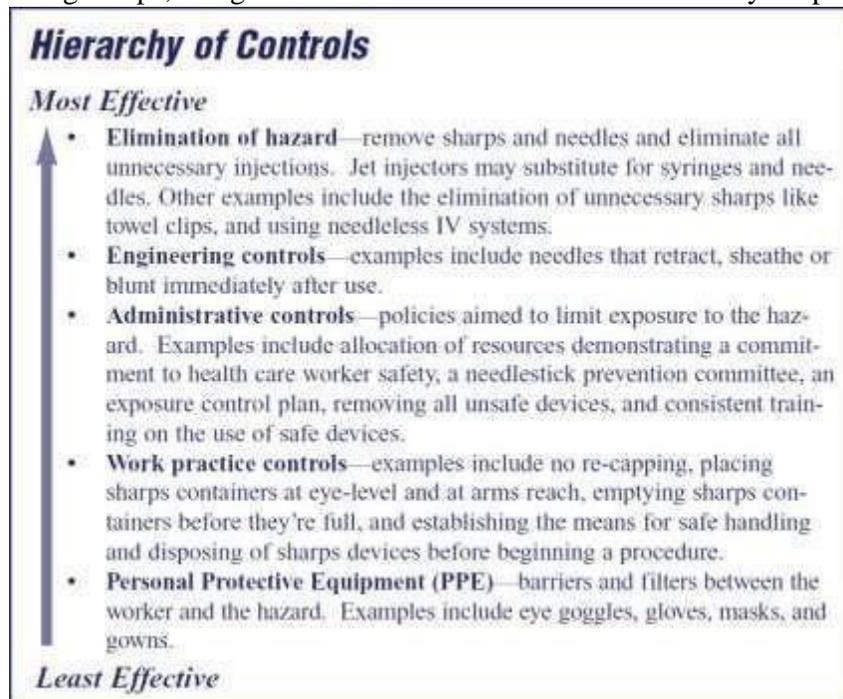
The first safe needle designs were patented in the 1970s. In 1992, the FDA issued an alert to all health care facilities to use needleless IV systems wherever possible. That alert was merely a recommendation, and it took another eight years for it to be required by law.

With the rapid development of technology and engineering controls, prevention is becoming easier and easier. The cost of follow-up for a high-risk exposure is more expensive. A liver transplant due to hepatitis C costs hundreds of thousands of dollars. Other costs from needlestick and sharps injury include workers' compensation, overtime, and expenses related to recruitment and training of staff to replace a worker who becomes ill.

There is solid evidence that devices with safety features significantly reduce needlestick injuries:

- Needleless or protected-needle IV systems decreased needlestick injuries related to IV connectors by 62% to 88%.
- Phlebotomy injuries were reduced by 76% with a self-blunting needle, 66% with a hinged needle shield, and 23% with a sliding-shield, winged-steel (butterfly-type) needle.
- Phlebotomy injuries were reduced by 82% with a needle shield, but a recapping device had minimal impact.
- Safer IV catheters that encase the needle after use reduced needlestick injuries related to IV insertion by 83% in three hospitals.

You can work with your health care facility to reduce preventable exposures by identifying the highest risk procedures and devices and implementing the most effective control measures. Methods to control hazards are usually discussed in terms of the hierarchy of controls. The box below demonstrates how to apply the hierarchy of controls framework to bloodborne pathogen hazards. In addition to eliminating sharps, using safe needle devices is one of the best ways to prevent injuries.



NEEDLESTICK PREVENTION COMMITTEE

Key Players in Committee Formation

The first step toward a comprehensive exposure control program is the creation of a needlestick prevention committee. After gaining support and commitment to prevention from top level administrators, establish a multidisciplinary needlestick and sharps injury prevention committee, required in some states, to bring together various departments, such as nursing, purchasing, housekeeping, infection control, employee health, risk management, and employee education and training. For the committee to be effective it must have power—the decision-makers in your institution should be represented. It is essential to be aware of the roles and levels of authority of all the related committees. Frontline health care workers—those most at risk for injury and with the most experience using needles and sharps—are equally represented on that committee.

With frontline staff nurses involved, the most appropriate devices are more likely to be selected, and staff are more likely to accept and use the new devices and practices.

Role of the Committee

The needlestick prevention committee should seek training on the principles of the industrial hygiene hierarchy of controls, product design features, and applying criteria for device evaluation to ensure a consistent knowledge level among device evaluators and for an effective selection process.

The training should not be conducted by or in the presence of product representatives. Once a device is selected, the manufacturer can provide useful in-service education on the use of that device prior to implementation. This committee's primary goals are to prevent needlestick and sharps injuries and to ensure that the hospital is adhering to standards. The committee's responsibilities should include

- Defining bloodborne pathogen exposure problems.
- Developing strategies for improved needlestick injury reporting procedures.
- Overseeing the exposure control plan as mandated by OSHA, including post exposure follow-up.
- Monitoring the post-exposure treatment program.
- Developing surveillance systems to monitor needlestick injuries.
- Reviewing the sharps injury log.
- Obtaining and disseminating information about new devices as they develop.
- Evaluating, selecting, and implementing safe devices.
- Ensuring health care workers' input into product selection.
- Training on new safety devices.
- Documenting the committee's work in meeting minutes.
- Hospitals to comply with applicable local, state regulation standards.

IDENTIFY AND DOCUMENT NEEDLESTICK AND SHARPS HAZARDS

The first step for the needlestick committee is to identify and document where and why needlestick and sharps injuries are occurring. There are various tools you can use to assist you in this task including: the needlestick and sharps injury log.

Document! Document! Document!

All nurses have a responsibility to document. Documentation is always the first step, and it is essential that you and your colleagues report and document every needlestick and sharps injury to:

- Ensure timely post-exposure follow-up, including testing and treatment.
- Collect data to evaluate the health and safety of your workplace.

The importance of documenting cannot be overstated and will improve their own health and safety. Promptly reporting a needlestick and starting PEP can protect you in the future. It is in your best interest—no matter how busy you are—to document illnesses and injuries. Attempt documenting all injuries and illnesses, not just sharps injuries.

Sharps Injury Log

The newly revised Bloodborne Pathogens Standard requires to “maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps.” The log must contain, at a minimum, the following information:

- Date of the injury
- Type and brand of the device involved
- Department or work area where the incident occurred
- Explanation of how the incident occurred

You can use the data contained in the log to:

- Analyze injury frequencies by specific attributes like work units, devices, and procedures.
- Identify high-risk devices and procedures.
- Identify injuries that could be prevented.
- Evaluate the efficacy of newly implemented safe devices.
- Share and compare information and successes with other institutions.

Your needlestick committee should regularly review the sharps injury log. You will find crucial information there. By learning which types of devices are involved in injuries, you will be able to determine which devices are not safe and must be replaced. While reviewing the log, you also might notice that certain departments or units seem to have a high number of injuries. Armed with that information, you can work with that unit to determine why they are sustaining so many injuries. Adequate staffing might help prevent needlestick injuries. The information contained in the log will help you develop the answers to prevent more injuries. You will know if you need to increase training, stock more safe devices, and/or increase staffing.

As you analyze the log data, the committee should identify high priorities for action, especially to eliminate the highest risk devices and prevent the highest risk and most frequently occurring injuries.

Survey

While every needlestick and sharps injury should be documented, many people do not report them. In addition, many health care workers simply are unaware of the laws that protect them or the policies already in place at their health care facility. When your needlestick prevention committee begins its work, you will need to assess the situation in your workplace. In addition to the logs, a survey can help determine whether needlestick injuries are being reported, whether staff are using safe devices, and whether they are aware of the laws and policies in place. Often, increased attention to needlestick injury prevention will result in an increase in the number of reported injuries. If used for an initial assessment and follow-up annually, this survey will help the needlestick prevention committee determine whether a change in the number of needlestick injuries recorded is, for example, really an increase in the number of injuries occurring or an improvement in the reporting of existing injuries.

Workplace Walk-Through

A walk-through, which is a workplace inspection, is a crucial way to identify workplace hazards. Walk-throughs should be regularly planned and conducted by the needlestick prevention committee. They should be conducted during work hours and during different shifts. Walk through all units and speak with supervisors and frontline health care workers. You can use the following checklist to help you gather information.

Checklist:

- What kinds of sharps are available on the unit?

- What procedures require needles and sharps?
- What type of patients are involved in these procedures?
- Where is the procedure done?
- Who does the procedure?
- Are there alternative methods to perform the procedure that can eliminate the sharp? For example: oral versus injectable administration of medication or needleless IV connectors.
- Are safe devices for all categories of sharps available on the unit?
- Are they used? Why or why not?
- Are there legitimate uses of conventional devices, and are there procedures that cannot use safe devices?
- Are unsafe devices still on the unit?
- If so, why and how can use and access to these devices be monitored and controlled?
- What equipment is available in the supply closets?
- Are the sharps boxes available within arm's reach, in sight and routinely replaced when full?

References:

Occupational Safety and Health Administration (OSHA) Sources:

- OSHA needlestick prevention Web site includes information on the Needlestick Safety and Prevention Act, the Bloodborne Pathogens Standard, and OSHA Compliance Directives: www.osha.gov/SLTC/needlestick/index.html
- OSHA Needlestick Fact Sheet: www.osha.gov/needlesticks/needlefact.html
- OSHA FAQs: www.osha.gov/needlesticks/needlefaq.html
- OSHA Bloodborne Fact Sheets: www.oshaslc.gov/OshDoc/data_BloodborneFacts/
- Reporting Exposure Incidents
 - Protect Yourself When Handling Sharps
 - Hepatitis B Vaccination—Protection For You
 - Personal Protective Equipment Cuts Risk
 - Holding the Line on Contamination

National Institute of Occupational Safety and Health (NIOSH) Sources:

- NIOSH Alert: Preventing Needlestick Injuries in Health Care Settings. Publication No. 2000-108: www.cdc.gov/niosh/2000-108.html
- NIOSH Guidelines for Selecting, Evaluating and Using Sharps Disposal Containers. Publication No. 97-111: www.cdc.gov/niosh/sharps1.html

Centers for Disease Control and Prevention (CDC) Sources:

- CDC needlestick prevention Web site: www.cdc.gov/health/needlesticks.htm
- CDC HIV/AIDS Web site: www.cdc.gov/hiv/dhap.htm
- CDC hepatitis C Web site: www.cdc.gov/ncidod/diseases/hepatitis/c/index.htm
- CDC hepatitis B Web site: www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm
- CDC prophylaxis information: www.cdc.gov/ncidod/hip/guide/phssep.htm
- CDC guidelines for infection control in health care personnel: www.cdc.gov/ncidod/hip/GUIDE/infectcont98.htm

Invoice No. DLG/852
Ref. No.

(ORIGINAL FOR RECIPIENT)

Dated 11-Sep-2024

DEBONAIR LINKS
Jubilee Road, Thalassery-670101
DL NO 13/112/20B/09, 13/113/21B/09
GST 32BKYP1400L1Z
SBI, TLY, IFS CODE SBIN0000926
A/C NO. 67368326835
PH: 0490 2344960
State Name : Kerala, Code : 32
E-Mail : debonairpharma@gmail.com

Tax Invoice

Party : **Mahe Institute of Dental Sciences&Hospital**
Chalakkara
DL NO: 101746-2024
DL NO: 101747-2024
LIC NO: RLF20PY2024000032
State Name : Puducherry, Code : 34

Description of Goods	HSN/SAC	GST Rate	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
Surgicare Gloves 7 (S) Batch: 24C105 205	40151900	12 %	88.00/Pairs	48 Pairs	18.80	Pairs		902.40
OUTPUT IGST @12% Round Off						12 %		108.29 0.31
Total				48 Pairs				Rs. 1,011.00

Disposables

Arrival no - 914 dt 19/9/24
Verfu no - 957 dt 24/9/24

Acc 11/09/24

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

Chargeable (in words)

Rupees One Thousand Eleven Only

Supplier's VAT TIN : 32120921171

on
re that this invoice shows the actual price of the
scribed and that all particulars are true and correct

checked by SW

for **DEBONAIR LINKS**

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 ,9947080894

e-mail: starmed.age@gmail.com

GSTIN: 32AEIFS9150F1Z0

DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE

INVOICE

Reverse Charge

Invoice No. SLC 7

Invoice Date 23-07-2024

State KERALA

State Code : 32

Transportation Mode :

Vehicle Number :

Date of Supply :

Place of Supply :

Details of Receiver | Billed to:

MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
CHALAKKARA P.O, PALLOOR, MAHE-673310

PHONE: 0490 2337406

Mobile: 9747406336

GSTIN :

State :

State Code & State

State Code :

Details of Consignee | Shipped to:

Name :

Address :

GSTIN :

State :

State Code :

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	FACE MASK - MELBOURNE-BLUE-100S	62103090	50 PACK	110.50	500.00	5525.00	0	0.00	0	0.00	5	276.25	5801.25
2	STERILE LATEX POWDERED 6-50 PAIR	40151100	1 PACK	525.00	3000.00	525.00	0	0.00	0	0.00	12	0.00	525.00
Total :				51.00		6050.00				0.00		0.00	276.25 6326

General Dispensable.
Uday
Bijoy
Acc 22/07/24

Arrival no - 675 dt 31/7/24
Vajru no - 884 dt - do

Certified that the goods mentioned in the bill have been received in good condition and taken into the stock register with No.....

Storekeeper
SND

1 of 1 Pages

Total Invoice Amount in Words:

Six Thousand Three Hundred Twenty Six Rupees Only

Total Amount Before Tax	:	6050.00
Add : CGST	:	0.00
Add : SGST	:	0.00
Add : IGST	:	276.25
Tax Amount : GST	:	276.25
Total Amount After Tax	:	6326.25

EST Payable on Reverse Charge :

Certified that the particulars given above are true and correct.

For, STARMED LIFECARE

BANK DETAILS

STATE BANK OF INDIA

A/C NO: 411 5343 9210

IFSC CODE: SBIN0071123



(Common Seal)

Authorised Signatory

STARMED LIFE CARE

Puliyal Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 ,9947080894

e-mail: starmed.age@gmail.com

GSTIN: 32AEIF99150F1Z0

DL NO: WLP21B2022KL000131
WLP20B2022KL000134

INTERSTATE INVOICE

Reverse Charge : SLC 15
Invoice No. : 24-09-2024
Invoice Date : 24-09-2024
State : KERALA
State Code : 32

Transportation Mode :
Vehicle Number :
Date of Supply :
Place of Supply :

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
CHALAKKARA P.O, PALLOOR, MAHE-673310
PHONE: 0490 2337406
GSTIN :
State :
Mobile: 9747406336

Details of Consignee | Shipped to:
Name :
Address :
GSTIN :
State :
State Code & State :
State Code :

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE S100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15880.00
2	LATEX EX GLOVES -D-CARE XS100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15880.00
3	LATEX EX GLOVES -D-CARE M100S	4015900	110 PACK	175.00	700.00	19250.00	0	0.00	0	0.00	12	2310.00	21560.00
4	D MED-M-100S-NITRILE EX.GLOVE	40151900	20 PACK	185.00	850.00	3700.00	0	0.00	0	0.00	12	444.00	4144.00
5	NITRILE EX GLOVES -D-CARE S100S	4015900	60 PACK	185.00	700.00	11100.00	0	0.00	0	0.00	12	1332.00	12432.00
Total :						62050.00	0.00	0.00	0.00	0.00	12	7446.00	69496.00

*above
Gross
Dispo tables*

*Acc
24/09/24*

*Received no - 965 dt 28/9/24
Vedha no - 989 dt 28/9/24*

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

1 of 1 Pages

Total Invoice Amount in Words:

Sixty Nine Thousand Four Hundred Ninety Six Rupees Only

5517 1072 3304

BANK DETAILS
STATE BANK OF INDIA
A/C NO:411 5343 9210
IFSC CODE: SBIN0071123

checked in SW



Total Amount Before Tax	: 62050.00
Add : CGST	: 0.00
Add : SGST	: 0.00
Add : IGST	: 7446.00
Tax Amount : GST	: 7446.00
Total Amount After Tax	: 69496.00

GST Payable on Reverse Charge :
Certified that the particulars given above are true and cor

For, STARMED LIFECARE

Authorised Signatory

(Common Seal)

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 , 9947080894
e-mail: starmed.age@gmail.com

31/3/24

GSTIN: 32AEIFS9150F1Z0

DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE

INVOICE

Reverse Charge : SLO 8
 Invoice No. : 29-07-2024
 Invoice Date : 29-07-2024
 State : KERALA

Transportation Mode :
 Vehicle Number :
 Date of Supply :
 Place of Supply :

State Code : 32

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
 CHALAKKARA P.O, PALLOOR, MAHE-673310
 PHONE: 0490 2337406
 GSTIN :
 State : State Code & State

Details of Consignee | Shipped to:
 Name :
 Address :
 GSTIN :
 State : State Code :

Mobile: 9747406336

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE XS100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15680.00
2	LATEX EX GLOVES -D-CARE M100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15680.00
3	LATEX EX GLOVES -D-CARE S100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15680.00

General Diponbles to bases Baidi.

Dec 29/07/24

Arrival no - 684 dt 31/3/24
Vapu no - 693 dt - do

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock register with No.....

[Signature]

Store Keeper

1 of 1 Pages Total : 240.00 42000.00 0.00 0.00 5040.00 47

Total Invoice Amount in Words:

Fourty Seven Thousand Fourty Rupees Only

Total Amount Before Tax	:	4200
Add : CGST	:	
Add : SGST	:	
Add : IGST	:	
Tax Amount : GST	:	51
Total Amount After Tax	:	47

GST Payable on Reverse Charge :

Certified that the particulars given above are true

BANK DETAILS
 STATE BANK OF INDIA
 A/C NO: 411 5343 9210
 IFSC CODE: SBIN0071123



For, STARMED LIFECARE

(Common Seal)

Authorised Signatory

Tax Invoice

Den Healthcare and Allied Enterprises Pvt Ltd
 Azhachavattam, Mankav,
 Calicut - 673007
 DL NO: WLF2082023KL000158, WLF21B2023KL000150
 GSTIN/UIN: 32AAJCD7491G1ZQ
 State Name: Kerala, Code: 32
 Contact: 8075410696
 E-Mail: sales@denhealthcare.com
 www.denhealthcare.com

State of Dental Sciences & Hospital
 Palloor, Mahe
 Kerala, Code: 32

0490-2337406

Invoice No. DENPVT/24-25/218	Dated 8-May-24
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date. 37 dt. 8-May-24	Other References
Buyer's Order No. 37	Dated 30-Apr-24
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Amount
Examination Gloves Small - Lightly 160424720KRKD 10-Apr-29	40151900	690.00/Box	150.00 Box 150.00 Box	159.82	Box	23,973.00
6% CGST						1,438.38
6% SGST						1,438.38
Round Off						0.24
30 Days 26,850.00 Dr						
Total						₹ 26,850.

8/5/24

Arrival no - 163 dt 09/5/24

Receipt no - 166 dt 10/5/24

Store Keeper
MINDS

Thousand Eight Hundred Fifty Only

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Total Tax Am
		Rate	Amount	Rate	Amount	
	23,973.00	6%	1,438.38	6%	1,438.38	2,8
Total	23,973.00		1,438.38		1,438.38	2,8

INR Two Thousand Eight Hundred Seventy Six and Seventy Six paise Only



STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 , 9947080894
e-mail: starmed.age@gmail.com

GSTIN: 32AEIFS9150F1Z0
DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE		INVOICE	
Reverse Charge : SLC 18	Invoice No. : 1510-2024	Transportation Mode :	Vehicle Number :
Invoice Date : 15/10/2024	State : KERALA	Date of Supply :	Place of Supply :
State Code : 32			
Details of Receiver Billed to:		Details of Consignee Shipped to:	
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL CHALAKKARA P.O, PALLOOR, MAHE-673310		Name :	
PHONE: 0490 2337406 Mobile: 9747406336		Address :	
GSTIN :		GSTIN :	
State : State Code & State		State : State Code :	

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE M100S	4015900	80 PACK	175.00	700.00	14000.00	0	0.00	0	0.00	12	1680.00	15680.00
2	LATEX EX GLOVES -D-CARE S100S	4015900	200 PACK	175.00	700.00	35000.00	0	0.00	0	0.00	12	4200.00	39200.00
						49000.00		0.00		0.00		0.00	5880.00
1 of 1 Pages						Total :	280.00						5880.00

1 box only
Disposables

Arrival no - 1062 dt 15/10/24
Yajun no - 1096 dt do

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Total Amount Before Tax	: 49000.00
Add : CGST	: 0.00
Add : SGST	: 0.00
Add : IGST	: 5880.00
Tax Amount : GST	: 5880.00
Total Amount After Tax	: 54880.00

Fifty Four Thousand Eight Hundred Eighty Rupees Only

5817 1944.4140

BANK DETAILS
STATE BANK OF INDIA
A/C NO: 411 5343 9210
IFSC CODE: SBIN0071123



(Common Seal)

GST Payable on Reverse Charge :
Certified that the particulars given above are true and correct.

For, STARMED LIFE CARE

Authorised Signatory

[E60E]

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 , 9947080894

e-mail: starmed.age@gmail.com

31/5/24

GSTIN: 32AEIFS9150F1Z0

DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE INVOICE													
Reverse Charge : SLC 5						Transportation Mode :							
Invoice No. : 29-05-2024						Vehicle Number :							
Invoice Date : 29-05-2024						Date of Supply :							
State : KERALA						Place of Supply :							
State Code : 32													
Details of Receiver Billed to:						Details of Consignee Shipped to:							
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL CHALAKKARA P.O, PALLOOR, MAHE-673310						Name :							
PHONE: 0490 2337406						Address :							
Mobile: 9747406336						GSTIN :							
GSTIN :						State Code :							
State : State Code & State						State :							
Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
1	COTTON WOOL -EQWELL- 400GM	5203	100 PCs	105.35	240.00	10535.00	0	0.00	0	0.00	12	0.00	10535.00
2	FACE MASK - MELBOURNE-BLUE-100S	62103090	50 PACK	110.50	500.00	5525.00	2.5	138.13	2.5	138.13	0	0.00	5801.25
3	BOUFFANT CAP-D-CARE-10 GSM-100S	62104090	30 PACK	98.00	500.00	2940.00	2.5	73.50	2.5	73.50	0	0.00	3087.00
						19000.00		211.63		211.63		0.00	

Disposables

31/5/24

Approval no - 313 dt 01/6/24
Vendor no - 337 dt 05/26/24

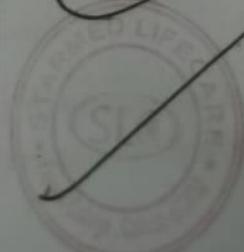
Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

Total Invoice Amount in Words:
Nineteen Thousand Four Hundred Twenty Three Rupees Only

Total Amount Before Tax	: 19
Add : CGST	:
Add : SGST	:
Add : IGST	:
Tax Amount : GST	:
Total Amount After Tax	:

BANK DETAILS
STATE BANK OF INDIA
A/C NO: 411 5343 9210
IFSC CODE: SBIN0071123



GST Payable on Reverse Charge :
Certified that the particulars given above are

For, STARMED LIFECARE

Invoice No. DLG/803
No.

(ORIGINAL FOR RECIPIENT)

Dated 4-Sep-2024

DEBONAIR LINKS
Jubilee Road, Thalassery-670101
DL NO 13/112/20B/09 , 13/113/21B/09
GST 32BKYP1400L1ZY
SBI , TLY , IFS CODE SBIN0000926
A/C NO: 67368326835
PH: 0490 2344960
State Name : Kerala, Code : 32
E-Mail : debonairpharma@gmail.com

Tax Invoice

Party : **Mahe Institute of Dental Sciences&Hospital**
Chalakkara
DL NO: 101746-2024
DL NO: 101747-2024
LIC NO: RLF20PY2024000032
PO NO: 217
DATED: 03/09/2024
State Name : Puducherry, Code : 34

Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
Surgicare Gloves 6.5[S/t] Batch: 24F102 5/29	40151100	12 %	88.00/Pairs	50 Pairs	18.60	Pairs		930.00
OUTPUT IGST @12% Round Off								111.60 0.40

Arrival NO - ~~875~~⁸⁷⁶ dt 05/9/24
Venu NO - 890 dt - do -

Acc
04/09/24

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock a stock register with No.....



Store Ke
MINE

Total

50 Pairs

Rs. 1,0

Chargeable (in words)

Rupees One Thousand Forty Two Only

Invoice



D-care dental solution
 ground floor,pharma city,xc north road,palayam,calicut-673002
 Licence No: WLF2082022KL000492, WLF2182022KL000488
 Phone no.: 8714481870
 Email: dcaredentals@gmail.com
 GSTIN: 32CK3PP0291C12H
 State: 32-Kerala

Invoice No. **DC2425-1710**
 Date **18-11-2024**
 Place of supply **34-Puducherry**
 PO date **11-11-2024**
 PO number **295**

Bill To
Mahe Institute of dental science and hospital
 Chalakkara P O, palloor
 Mahe 673310
 puducherry
 Contact No. : 04902337406
 State: 34-Puducherry

#	Item name	HSN/SAC	MRP	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	disposable gown encare	62101000		600	NOS	₹ 45.710	₹ 1,371.300 (5%)	₹ 47.996	₹ 28,797.300
2	Mask	6210	₹ 250.000	4000	NOS	₹ 1.140	₹ 228.000 (5%)	₹ 1.197	₹ 4,788.000
Total				4600			₹ 1,599.300		₹ 33,585.300

Invoice Amount in Words
Thirty Three Thousand Five Hundred Eighty Five Rupees only

Payment mode
Credit
General dispoisables

Amounts

Sub Total	₹ 33,585.300
Round off	- ₹ 0.300
Total	₹ 33,585.000
Received	₹ 0.000
Balance	₹ 33,585.000

AK 18/11/24

HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
6210	₹ 4,560.000	5%	₹ 228.000	₹ 228.000
62101000	₹ 27,426.000	5%	₹ 1,371.300	₹ 1,371.300
Total	₹ 31,986.000		₹ 1,599.300	₹ 1,599.300

Bank Details
 Name : ICICI bank mukkomm branch
 Account No. : 265-405-500-083
 IFSC code : ICIC0002654

For : D-care dental solution

Approval no- 1254 dt 20/11/24
Vajru no- 1268 dt - da
 Authorized Signatory

SK checked
Answaya
23/11/24

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS



D-care dental solution
 ground floor,pharma city,tc north road,palayam,calicut-673002
 Licence No: WLF20B2022KL000492, WLF21B2022KL000488
 Phone no: 8714481870
 Email: dcaredentals@gmail.com
 GSTIN: 32CKIPP0291C12H
 State: 32-Kerala

Invoice

Invoice No. DC2425-1682	Date 14-11-2024
Place of supply 34-Puducherry	PO date 11-11-2024
PO number 295	

Bill To
Mahe institute of dental science and hospital
 Chalakkara P O, palloor
 Mahe 673310
 puducherry
 Contact No. : 04902337406
 State: 34-Puducherry

#	Item name	HSN/SAC	MRP	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	Mask	6210	₹ 250.00	1000	NOS	₹ 1.14	₹ 57.00 (5%)	₹ 1.20	₹ 1,197.00
2	N95 mask	6020		500	PCS	₹ 9.05	₹ 226.19 (5%)	₹ 9.50	₹ 4,750.00
	clean and clear 5 litre	29051220		6	CAN	₹ 838.98	₹ 906.10 (18%)	₹ 990.00	₹ 5,940.00
Total				1506					

Invoice Amount in Words

Eleven Thousand Eight Hundred Eighty Seven Rupees only

Amounts

Sub Total	₹ 11,887.00
Total	₹ 11,887.00
Received	₹ 0.00
Balance	₹ 11,887.00

Payment mode
Credit

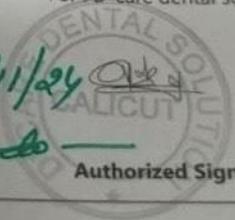
HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
29051220				
6020	₹ 5,033.90	18%	₹ 906.10	₹ 906.10
6210	₹ 4,523.81	5%	₹ 226.19	₹ 226.19
	₹ 1,140.00	5%	₹ 57.00	₹ 57.00
Total	₹ 10,697.71		₹ 1,189.29	₹ 1,189.29

Bank Details

Name : ICICI bank mukkomm branch
 Account No. : 265-405-500-083
 IFSC code : ICIC0002654

For : D-care dental solution

Approval no - 1243 dt 15/11/24
Receipt no - 1259 dt 14/11/24



Authorized Signatory

General Consumables

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

slw checked

Aiswarya 15/11/24

SHU

Invoice No. DLG/1344
Ref. No.

Dated: 18-Dec-2024

DEBONAIR LINKS
Jubilee Road, Thalassery-670101
DL NO 13/112/20B/09 , 13/113/21B/09
GST 32BKYP1400L1ZY
SBI , TLY , IFS CODE SBIN0000926
A/C NO: 67368326835
PH: 0490 2344960
State Name : Kerala, Code : 32
E-Mail : debonairpharma@gmail.com

Tax Invoice

Party : **Mahe Institute of Dental Sciences&Hospital**
Chalakkara
DL NO: 101743-2024
DL NO: 101747-2024
LIC NO: RLF20PY2024000032
SUPPLY ORDER NO: 853
DATED: 18-12-2024
State Name : Puducherry, Code : 34

SI	Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	Surgicare Gloves 6.5[S/R] Batch: 24H2014	40151100	12 %	97.00/Pairs	100 Pairs	18.60	Pairs		1,860.00
2	Surgicare Gloves 7 (S/R) Batch: 24H2014	40151900	12 %	97.00/Pairs	100 Pairs 50 Pairs	18.60	Pairs		930.00
3	DETTOL 5 LTR Batch: ST959 Expiry : 28-Feb-2028	3004	12 %	1,986.31/jar	50 Pairs 2 jar 2 jar	1,680.36	jar		3,360.72
4	Surgicare Gloves 6 [S/R] Batch: 24F3010M	40151900	12 %	88.00/Pairs	25 Pairs 25 Pairs	18.60	Pairs		465.00
OUTPUT IGST @12% Round Off									6,615.72
									793.89
									0.39
									12 %
Total									Rs. 7,410.00

Slu checked
Aiswarya
26/12/24

Medical Consumable

Arrival no - 1462 dt 18/12/24
Vapu no - 1483 dt 19/12/24

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store Manager
MADPS

DEBONAIR LINKS
Jubilee Road
Thalassery-670101
Ph: 0490-2344960
984759901
*Dealers of...
Authorised Signatory

This is a Computer Generated Invoice

Amount Chargeable (in words)
Indian Rupees Seven Thousand Four Hundred Ten Only
Company's VAT TIN : 32120921171
Declaration
I declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 ,9947080894
e-mail: starmed.age@gmail.com

GSTIN: 32AEIF9150F1Z0
DL NO: WLP21B2022KL000131
WLP20B2022KL000134

INTERSTATE INVOICE

Reverse Charge : SLC 14
Invoice No. : 10-09-2024
Invoice Date : 10-09-2024
State : KERALA
State Code : 32

Transportation Mode :
Vehicle Number :
Date of Supply :
Place of Supply :

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
CHALAKKARA P.O, PALLOOR, MAHE-673310
PHONE: 0490 2337406
GSTIN :
State : State Code & State

Mobile: 9747406336

Details of Consignee | Shipped to:
Name :
Address :
GSTIN :
State : State Code :

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	STERILE LATEX POWDERED 7-50 PAIR	40151100	1 PACK	525.00	3000.00	525.00	0	0.00	0	0.00	12	63.00	588.00
							525.00	0.00	0.00	0.00	12	63.00	588.00

Deposables → *Acc Total 10/24*

Sterile 50 pair replaced with this.

Approval no - 913 dt 19/9/24
Varu no - 956 dt 24/9/24

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and signed register with No.

Store Keeper *MNS*

1 of 1 Pages

Total :

1.00

525.00

0.00

0.00

63.00

588.00

Total Invoice Amount in Words:

Five Hundred Eighty Eight Rupees Only

Total Amount Before Tax	: 525.00
Add : CGST	: 0.00
Add : SGST	: 0.00
Add : IGST	: 63.00
Tax Amount : GST	: 63.00
Total Amount After Tax	: 588.00

GST Payable on Reverse Charge :

Certified that the particulars given above are true and correct

BANK DETAILS
STATE BANK OF INDIA
A/C NO: 411 5343 9210
IFSC CODE: SBIN0071123



(Common Seal)

For, STARMED LIFECARE

Authorised Signatory

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)

Calicut, Kerala-673632

Phone: 9495117733 , 9947080894

e-mail: starmed.age@gmail.com

GSTIN: 32AEIF89150F1Z0
DL NO: WLP2182022K1909134
WLP2082022K1909134

INTERSTATE INVOICE

Reverse Charge : SLC 19
Invoice No. : 12-11-2024
Invoice Date : 12-11-2024
State : KERALA State Code : 32

Transportation Mode :
Vehicle Number :
Date of Supply :
Place of Supply :

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
CHALAKKARA P.O, PALLOOR, MAHE-673310
PHONE: 0490 2337406 Mobile: 9747406336
GSTIN : State : State Code & State

Details of Consignee | Shipped to:
Name :
Address :
GSTIN : State : State Code :

Sr. No.	Name of Product/ Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE XS100S	4015900	120 PACK	180.00	700.00	21600.00	0	0.00	0	0.00	12	2592.00	24192.00
2	LATEX EX GLOVES -D-CARE S100S	4015900	200 PACK	180.00	700.00	36000.00	0	0.00	0	0.00	12	4320.00	40320.00
3	LATEX EX GLOVES -D-CARE M100S	4015900	120 PACK	180.00	700.00	21600.00	0	0.00	0	0.00	12	2592.00	24192.00
1 of 1 Pages		Total :	440.00			79200.00		0.00		0.00		9504.00	88704.00

11 boxes Paid
General disposables

Arrival no- 1233 dt 14/11/24
Vafu no- 1249 dt - do -

slr checked
Amway 15/11/24

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

Total Invoice Amount in Words:

Eighty Eight Thousand Seven Hundred Four Rupees Only

Way :- 531731 5263 19

BANK DETAILS
STATE BANK OF INDIA
A/C NO:411 5343 9210
IFSC CODE: SBIN0071123

Har



(Common Seal)

Total Amount Before Tax	: 79200.00
Add : CGST	: 0.00
Add : SGST	: 0.00
Add : IGST	: 9504.00
Tax Amount : GST	: 9504.00
Total Amount After Tax	: 88704.00

GST Payable on Reverse Charge :
Certified that the particulars given above are true and correct.

For, STARMED LIFECARE

Authorised Signatory

Tax Invoice

(ORIGINAL FOR RECIPIENT)

NEW SURYA DISTRIBUTORS (2024-2025)
 ROOM #44/213R, RANI PLAZA BUILDING
 LOGANS ROAD, THALASSERY
 Mob : 7356135989, 9947063084
 DL NO. KL-KPR-125713 KL-KPR-125706
 Email : sales@newsuryadistributors.in
 GSTIN/UIN : 32AAKFN1258H12N
 State Name : Kerala, Code : 32
 E-Mail : sales@newsuryadistributors.in

Buyer (Bill to)
MAHE INST. OF DENTAL SCIENCES & HOSPITAL
 chalaikara
 po. palloor
 0490 2337406
 DL NO: 101746-2024
 DL NO: 101747-2024
 State Name : Puducherry, Code : 34

Invoice No. NS/1660/2024-25	Dated 22-Jul-24
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

SI No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate (Incl. of Tax)	Rate per	Disc. %	Amount
1	DISPOVANSYRINGE 10ML 21*1 1/2 Batch : 402104JH1 Expiry : 30-Dec-28 MRP / Marginal : 12.10/Nos	90183100	12 %	350 Nos	4.44	3.96 Nos		1,386.00
2	DISPOVAN 2.5 ML 24*1 Batch : 4172.54SH2 Expiry : 31 May 2029 MRP / Marginal : 7.70/Nos	90183100	12 %	1,000 Nos	2.40	2.14 Nos		2,140.00
3	DISPOVAN SYRINGE 5ML 24*1 Batch : 417053SK2 Expiry : 30-Mar-29 MRP / Marginal : 930.00/Nos	90183100	12 %	1,000 Nos	2.84	2.54 Nos		2,540.00
4	ABS GAUZE CLOTH SCH F(II) 100CMX10M Batch : 010 MRP / Marginal : 240.00/Nos	30059090	12 %	40 Nos	115.00	102.68 Nos		4,107.20
								10,173.20
								1,220.78
								0.02
OUT PUT IGST @ 12% ROUND OFF								

Actual No: 636 dt: 23/07/24
 Vapu no - 653 dt 24/7/24

Disposables

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store In-charge
 MINDS

Total **2,390 Nos** ₹ **11,394.00** E. & O.E

Amount Chargeable (in words)
INR Eleven Thousand Three Hundred Ninety Four Only

Company's Bank Details
 Bank Name : **HDFC BANK A/C**
 A/c No. : **50200063341921**
 Branch & IFS Code : **THALASSERY & HDFC0009436**

Declaration
 1. we reserve the right of ownership of the goods until payment of invoice value. 2. our responsibility ceases after the goods has been delivered to carriers. all sort of transit risk to buyers account. 3. Goods once sold cannot be taken back. 4. interest @ 24% p.a. will be changed if payment is not made within 30 days from the invoice date.

Previous Balance : 2,473.00
 Invoice Amount : 11,394.00
 Closing Balance : 13,867.00

This is a Computer Generated Invoice



Invoice



D-care dental solution

ground floor,pharma city,rc north road,palayam,calicut-673002
 Licence No: WL520B2022KL000492, WL521R2022KL000488
 Phone no: 07144919070
 Email: dcare@dentals@gmail.com
 GSTIN: 32CNRPP029AC124
 State: 32-Kerala

Invoice No.
DC2425-1907

Place of supply
34-Puducherry

PO number
334, 311

Date
02-12-2024
 PO date
09-12-2024

Bill To

Mahe institute of dental science and hospital

Chalikkara P O, palloor
 Mahe-673310
 puducherry.

Contact No. : 04902337408

State: 34-Puducherry

#	Item name	HSN/SAC	MRP	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	clean and clear 5 litre	29051220		6	CAN	₹ 838.983	₹ 906.102 (18%)	₹ 990.000	₹ 5,940.000
2	Head cap	6501		50	pkts	₹ 97.140	₹ 242.850 (5%)	₹ 101.997	₹ 5,099.850
	disposable gown encare	62101000		200	NOS	₹ 45.710	₹ 457.100 (5%)	₹ 47.996	₹ 9,599.100
4	Mask	6210	₹ 250.000	5000	NOS	₹ 1.140	₹ 285.000 (5%)	₹ 1.197	₹ 5,985.000
5	Hand sanitizer	3402		5	NOS	₹ 508.475	₹ 457.627 (18%)	₹ 600.000	₹ 3,000.000
				Total				₹ 2,348.679	₹ 29,623.950

Invoice Amount in Words

Twenty Nine Thousand Six Hundred Twenty Three Rupees only

Payment mode

Credit

Amounts

Sub Total	₹ 29,623.950
Round off	- ₹ 0.950
Total	₹ 29,623.000
Received	₹ 0.000
Balance	₹ 29,623.000

Alc
 12/12/24

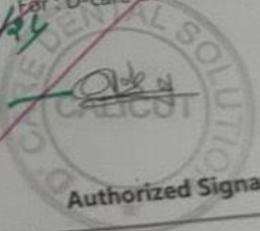
HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
29051220	₹ 5,033.898	18%	₹ 906.102	₹ 906.102
3402	₹ 2,542.373	18%	₹ 457.627	₹ 457.627
6210	₹ 5,700.000	5%	₹ 285.000	₹ 285.000
62101000	₹ 9,142.000	5%	₹ 457.100	₹ 457.100
6501	₹ 4,857.000	5%	₹ 242.850	₹ 242.850
Total	₹ 27,275.271		₹ 2,348.679	₹ 2,348.679

Bank Details

Name : ICICI bank mukkomm branch
 Account No. : 265-405-500-083
 IFSC code : ICIC0002654

Approval no - 1445 dt 16/12/24
vajm no - 1464 dt do

For : D-care dental solution



Authorized Signatory

Certified that the goods mentioned in this bill have been inspected condition and taken in to stock and stock register with No.

Store Keeper
MINDS

Gon Consumables / disposables

Slw checked
Air

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 , 9947080894

e-mail: starmed.age@gmail.com

GSTIN: 32AEIFS9150F1Z0

DL NO: WLP21B2022KL000131

WLP20B2022KL000134

INTERSTATE INVOICE

Reverse Charge : SLC 13
 Invoice No. : 18-09-2024
 Invoice Date : 18-09-2024
 State : KERALA
 State Code : 32

Transportation Mode :
 Vehicle Number :
 Date of Supply :
 Place of Supply :

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
 CHALAKKARA P.O, PALLOOR, MAHE-673310
 PHONE: 0490 2337406
 GSTIN :
 State : State Code & State

Details of Consignee | Shipped to:
 Name :
 Address :
 GSTIN :
 State : State Code :

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MSP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE S100S	4015900	120 PACK	175.00	700.00	21000.00	0	0.00	0	0.00	12	2520.00	23520.00
2	LATEX EX GLOVES -D-CARE XS100S	4015900	70 PACK	175.00	700.00	12250.00	0	0.00	0	0.00	12	1470.00	13720.00
3	LATEX EX GLOVES -D-CARE M100S	4015900	40 PACK	175.00	700.00	7000.00	0	0.00	0	0.00	12	840.00	7840.00
Total :						40250.00		0.00		0.00		4830.00	45080.00

Arrival no - 911 dt 19/9/24
 Vach no - 927 dt - - -

Disposables
 Acc
 10/09/24

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
 JASINDS

1 of 1 Pages
 Total Invoice Amount in Words: **Forty Five Thousand Eighty Rupees Only**

Total Amount Before Tax	: 40250
Add : CGST	:
Add : SGST	:
Add : IGST	: 483
Tax Amount : GST	: 48
Total Amount After Tax	: 450

GST Payable on Reverse Charge :
 Certified that the particulars given above are true

For, STARMED LIFECARE
 Authorised Signatory

BANK DETAILS
 STATE BANK OF INDIA
 IC NO:411 5343 9210
 SC CODE: SBIN0071123

(Common Seal)

Tax Invoice



Den Healthcare and Allied Enterprises Pvt Ltd
 Azhahavattam, Mankav,
 Calicut - 673007
 DL NO: WLF20B2023KL000158, WLF21B2023KL000150
 GSTIN/UIN: 32AAJCD7481C1ZQ
 State Name : Kerala, Code : 32
 Contact : 8075410896
 E-Mail : sales@denhealthcare.com
 www.denhealthcare.com

Invoice No. **DENPVT/24-25/422**
 Dated **12-Jun-24**
 Delivery Note
 Mode/Terms of Payment **30 Days**
 Other References
 Reference No. & Date. **105 dt. 12-Jun-24**
 Buyer's Order No. **105**
 Dated **12-Jun-24**
 Dispatch Doc No.
 Delivery Note Date
 Dispatched through **AK COURIER**
 Destination
 Terms of Delivery
18 BOX - PAID

Buyer (Bill to)
Mahe Institute of Dental Sciences & Hospital
 Chalakkara, Palloor, Mahe
 State Name : Kerala, Code : 32

Contact : 0490-2337406

18 Box - Paid

Description of Goods	HSN/SAC	MRP/Marginal	Quantity	Rate	per	Amount
Latex Examination Gloves Medium - Lightly Powdered Batch : 859130648574 Expiry : 8-Jun-28	40151900	690.00/Box	120.00 Box	179.20	Box	21,504.00
Latex Examination Gloves XSmall - Lightly Powdered Batch : 120629156VWWI Expiry : 1-Jan-29	40151900	690.00/Box	50.00 Box	179.20	Box	8,960.00
Latex Examination Gloves Small - Lightly Powdered Batch : 120629156VWWI Expiry : 1-Jan-29	40151900	690.00/Box	200.00 Box	179.20	Box	35,840.00
Nitrile Examination Gloves Small - Powder Free Batch : 120629156VWWI Expiry : 1-Jan-29	40151900	1,499.00/Box	40.00 Box	185.00	Box	7,400.00
Nitrile Examination Gloves Medium - Powder Free Batch : 120629156VWWI Expiry : 1-Jan-29	40151900	1,499.00/Box	40.00 Box	185.00	Box	7,400.00
6% CGST						81,104.00
						4,866.2

100/12/16/24

Arrival no - 421 dt 13/6/24

continued

Disposables

[Signatures]

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS



D-care dental solution

ground floor,pharma city,zc north road,palayam,calicut-673002
Licence No: WLF2082022KL000492, WLF2182022KL000488
Phone no: 8714481870
Email: dcaredentals@gmail.com
GSTIN: 32CKIPPQ291C1Z4
State: 32-Kerala

Invoice

Invoice No DC2425-1428	Date 07-10-2024
Place of supply 34-Puducherry	PO date 03-10-2024
PO number 250	

Bill To

Mahe institute of dental science and hospital

Chalakkara P O, palloor
Mahe 673310
puducherry

Contact No: 04902337406
State: 34-Puducherry

#	Item name	HSN/SAC	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	Mask	6210	5000	NOS	₹ 1.140	₹ 285.000 (5%)	₹ 1.197	₹ 5,985.000
2	disposable gown encare	62101000	600	NOS	₹ 45.710	₹ 1,371.300 (5%)	₹ 47.996	₹ 28,797.300
	Head cap	6501	60	pkts	₹ 97.140	₹ 291.430 (5%)	₹ 102.000	₹ 6,120.010
Total			5660					

Invoice Amount in Words

Forty Thousand Nine Hundred Two Rupees only

Amounts

Sub Total	₹ 40,902.310
Round off	- ₹ 0.310
Total	₹ 40,902.000
Received	₹ 0.000
Balance	₹ 40,902.000

Payment mode
Credit

Disposables

HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
6210	₹ 5,700.000	5%	₹ 285.000	₹ 285.000
62101000	₹ 27,426.000	5%	₹ 1,371.300	₹ 1,371.300
6501	₹ 5,828.580	5%	₹ 291.429	₹ 291.430
Total	₹ 38,954.580		₹ 1,947.729	₹ 1,947.730

Bank Details

Name : ICICI bank mukkom branch

Account No. : 265-405-500-083

IFSC code : ICIC0002654

For : D-care dental solution

Authorized Signatory

Arrival no - 1021 dt 08/10/24

Yajun no - 1051 dt 11/10/24

*5/10 check of
H. Manj...*

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

Store keeper
MINOS

STARMED LIFE CARE

Puliyaly Complex, Farook Collage(PO)
Calicut, Kerala-673632

Phone: 9495117733 , 9947080894
e-mail: starmed.age@gmail.com

GSTIN: 32AEIFS9150F1Z0
DL NO: WLF21B2022KL000131
WLF20B2022KL000134

Original for Recipient
Duplicate for Supplier/Transporter
Triplicate for Supplier

INVOICE

INTERSTATE

Reverse Charge : SLC 9
Invoice No. : 31-07-2024
Invoice Date : 31-07-2024
State : KERALA

State Code : 32

Transportation Mode :
Vehicle Number :
Date of Supply :
Place of Supply :

Details of Receiver | Billed to:
MAHE INSTITUTE OF DENTAL SCIENCES AND HOSPITAL
CHALAKKARA P.O, PALLOOR, MAHE-673310
PHONE: 0490 2337406
GSTIN :
State : State Code & State

Mobile: 9747406336

Details of Consignee | Shipped to:
Name :
Address :
GSTIN :
State : State Code :

Sr. No.	Name of Product / Service	HSN ACS	Qty UOM	Rate	MRP	Taxable Value	CGST		SGST		IGST		Total
							Rate	Amount	Rate	Amount	Rate	Amount	
1	LATEX EX GLOVES -D-CARE S100S	4015900	40 PACK	175.00	700.00	7000.00	0	0.00	0	0.00	12	840.00	7840.00
2	LATEX EX GLOVES -D-CARE M100S	4015900	40 PACK	175.00	700.00	7000.00	0	0.00	0	0.00	12	840.00	7840.00
3	D MED-M-100S-NITRILE EX.GLOVE	40151900	40 PACK	185.00	850.00	7400.00	0	0.00	0	0.00	12	888.00	8288.00
Total :							21400.00	0.00	0.00	0.00		2568.00	23968.00

Arrival no - 711 dt 06/8/24
Vahm no - 720 dt do

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MINDS

~~Paid~~
~~23/07/24~~

Disposables
Acc 21/07/24

1 of 1 Pages

Total Invoice Amount in Words:

Twenty Three Thousand Nine Hundred Sixty Eight Rupees Only

Total Amount Before Tax	: 21400.00
Add : CGST	: 0.00
Add : SGST	: 0.00
Add : IGST	: 256.80
Tax Amount : GST	: 256.80
Total Amount After Tax	: 23968.00

GST Payable on Reverse Charge :
Certified that the particulars given above are true

BANK DETAILS
STATE BANK OF INDIA
A/C NO: 411 5343 9210
IFSC CODE: SBIN0071123



For, STARMED LIFE CARE
[Signature]

Invoice



D-care dental solution

ground floor,pharma city,zc north road,palayam,calicut-67300
 Licence No: WLF2082022KL000492, WLF2182022KL000488
 Phone no.: 8714481870
 Email: dcaredentals@gmail.com
 GSTIN: 32CKIPD0291C1ZM
 State: 32-Kerala

Invoice No.
DC25-26/481
 Place of supply
34-Puducherry

Date
23-05-2025
 PO number
114

Bill To

Mahe institute of dental science and hospital

Chalakkara P O, palloor
 Mahe 673310
 puducherry
 Contact No. : 04902337406
 State: 34-Puducherry

#	Item name	HSN/SAC	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	3ply surgical mask	6210	5000	NOS	₹ 1,140	₹ 285,000 (5%)	₹ 1,197	₹ 5,985,000
			Total	5000		₹ 285,000		₹ 5,985,000

Invoice Amount in Words

Five Thousand Nine Hundred Eighty Five Rupees only

Amounts

Sub Total	₹ 5,985,000
Total	₹ 5,985,000
Received	₹ 0,000
Balance	₹ 5,985,000

Payment mode

Credit

HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
210	₹ 5,700,000	5%	₹ 285,000	₹ 285,000
Total	₹ 5,700,000		₹ 285,000	₹ 285,000

Bank Details

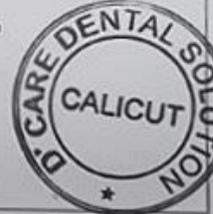
Name : ICICI bank muddom branch
 Account No. : 265-405-500-083
 SC code : ICIC0002654

Handwritten: 23/5/25

For : D-care dental solution

Handwritten signature

Authorized Signatory



Handwritten: Arrival no- 353 dt 23/5/2025
 Vajra no- 358 dt -do-

Handwritten: Hey

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.....

Large handwritten signature and scribble

Store Keeper
 BND8

Invoice



D-care dental solution

ground floor,pharma city,zc north road,palayam,calicut-673002
 Licence No: WLF20B2022KL000492, WLF21B2022KL000488
 Phone no.: 8714481870
 Email: dcaredentals@gmail.com
 GSTIN: 32CKIPP0291C1ZH
 State: 32-Kerala

Invoice No. DC25-26/250	Date 02-05-2025
Place of Supply 34-Puducherry	PO number 55,
Vehicle Number	

Bill To

Mahe institute of dental science and hospital

Chalakkara P O, palloor
 Mahe 673310
 puducherry
 Contact No.: 04902337406
 State: 34-Puducherry

#	Item name	HSN/SAC	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	clean and clear 5 litre	29051220	4	CAN	₹ 839.000	₹ 604.080 (18.0%)	₹ 990.020	₹ 3,960.080
2	Head cap	6210	50	pkts	₹ 97.140	₹ 242.850 (5.0%)	₹ 101.997	₹ 5,099.850
3	N95 mask	6210	500	PCS	₹ 9.050	₹ 226.250 (5.0%)	₹ 9.502	₹ 4,751.250
4	disposable gown encare	62101000	600	NOS	₹ 45.710	₹ 1,371.300 (5.0%)	₹ 47.996	₹ 28,797.300
5	3ply surgical mask	6210	5000	NOS	₹ 1.140	₹ 285.000 (5.0%)	₹ 1.197	₹ 5,985.000
Total			6154			₹ 2,729.480		₹ 48,593.480

Invoice Amount In Words
Forty Eight Thousand Five Hundred and Ninty Three Rupees only

Amounts	
Sub Total	₹ 48,593.480
Round off	- ₹ 0.480
Total	₹ 48,593.000
Received	₹ 0.000
Balance	₹ 48,593.000

Payment Mode
Credit
Arrival no - 186 dt 5/5/25
Invoice no - 190 dt - do

HSNSAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
29051220	₹ 3,356.000	18.0%	₹ 604.080	₹ 604.080
6210	₹ 15,082.000	5.0%	₹ 754.100	₹ 754.100
62101000	₹ 27,426.000	5.0%	₹ 1,371.300	₹ 1,371.300
Total	₹ 45,864.000		₹ 2,729.480	₹ 2,729.480

Bank Details
 Name: ICICI bank mukkom branch
 Account No.: 265-405-500-083
 IFSC code: ICIC0002654

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

For D-care dental solution

Store Manager

Authorized Signatory

Handwritten signatures and initials in the bottom left corner.

Handwritten signature and date '21/5/25' in the bottom center.

Den Healthcare and Allied Enterprises Pvt Ltd
 Azhchavattam, Mankav,
 Calicut - 673007
 DL NO: WLF20B2023KL000158, WLF21B2023KL000150
 GSTIN/UIN: 32AAJCD7491C1ZQ
 State Name: Kerala, Code: 32
 E-Mail: sales@denhealthcare.com

Invoice No.
DENPVT25-26/316
 Delivery Note
 Reference No. & Date.
96 dt. 13-May-25
 Buyer's Order No.
96
 Dispatch Doc No.
 Dispatched through

Dated
13-May-25
 Mode/Terms of Payment
30 Days
 Other References

(Bill to)
Institute of Dental Sciences & Hospital
 kerala, Palloor, Mahe
 Name : Kerala, Code : 32
 of Supply : Kerala

Phone : 0490-2337406
 Email : purchase@mahedentalcollege.org

Terms of Delivery

5 Box - Parcel.

Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
Latex Examination Gloves Small - Slightly Powdered Batch : 120629156PTSR Expiry : 1-Jan-29	40151900	900.00/Box	150.00 Box 150.00 Box	180.00	Box		27,000.00
		6% CGST					1,620.00
		6% SGST					1,620.00
		Round Off					
Total			150.00 Box				₹ 30,240.00

Details:

Ref: 30 Days 30,240.00 Dr

*Arrival no - 259 dt 15/5/25
 Vapu no - 267 dt - do*

Chargeable (in words)

Thirty Thousand Two Hundred Forty Only

E & O E

Previous Balance: ₹ 1,64,550.00 Dr

Current Balance: ₹ 1,94,790.00 Dr

Taxable Value	CGST		SGST/UTGST		Total Tax Amount
	Rate	Amount	Rate	Amount	
27,000.00	6%	1,620.00	6%	1,620.00	3,240.00
Total:		1,620.00		1,620.00	3,240.00

Amount (in words): INR Three Thousand Two Hundred Forty Only



Company's Bank Details

A/c Holder's Name : DEN HEALTHCARE AND ALLIED ENTERPRISES P
 Bank Name : CANARA BANK PVT LTD
 A/c No. : 120024034021
 Branch & IFS Code : Mankav & CNRB0014413

Seal and Signature

for Den Healthcare and Allied Enterprises Pvt Ltd

Authorised Signatory

This is a Computer Generated Invoice

[Handwritten Signature]

Invoice

D-care dental solution

ground floor,pharma city,zc north road,palayam,calicut-673002
 Licence No: WLF20B2022KL000492, WLF21B2022KL000488
 Phone no.: 8714481870
 Email: dcaredentals@gmail.com
 GSTIN: 32CKIPP0291C1ZH
 State: 32-Kerala



Invoice No DC25-26/250	Date 02-05-2025
Place of Supply 34-Puducherry	PO number 55,
Vehicle Number	

Bill To

Mahe Institute of dental science and hospital

Thalakkara P O, palloor
 Mahe 673310
 puducherry

Contact No.: 04902337406

State: 34-Puducherry

Item name	HSN/SAC	Quantity	Unit	Price/unit	GST	Final Rate	Amount
clean and clear 5 litre	29051220	4	CAN	₹ 839.000	₹ 604.080 (18.0%)	₹ 990.020	₹ 3,960.080
Head cap	6210	50	pkts	₹ 97.140	₹ 242.850 (5.0%)	₹ 101.997	₹ 5,099.850
N95 mask	6210	500	PCS	₹ 9.050	₹ 226.250 (5.0%)	₹ 9.502	₹ 4,751.250
disposable gown encare	62101000	600	NOS	₹ 45.710	₹ 1,371.300 (5.0%)	₹ 47.996	₹ 28,797.300
3ply surgical mask	6210	5000	NOS	₹ 1.140	₹ 285.000 (5.0%)	₹ 1.197	₹ 5,985.000
Total		6154			₹ 2,729.480		₹ 48,593.480

Invoice Amount In Words

Forty Eight Thousand Five Hundred and Ninety Three Rupees only

Payment Mode

Credit

*Arrival no - 186 dt 5/5/25
 Invoice no - 190 dt do*

Sub Total	₹ 48,593.480
Round off	- ₹ 0.480
Total	₹ 48,593.000
Received	₹ 0.000
Balance	₹ 48,593.000

HSNSAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
29051220	₹ 3,356.000	18.0%	₹ 604.080	₹ 604.080
6210	₹ 15,082.000	5.0%	₹ 754.100	₹ 754.100
2101000	₹ 27,426.000	5.0%	₹ 1,371.300	₹ 1,371.300
Total	₹ 45,864.000		₹ 2,729.480	₹ 2,729.480

Bank Details

Account Name: ICICI bank mukkomm branch
 Account No.: 265-405-500-083
 MICR code: ICIC0002654

Certified that the goods mentioned in the bill have been received in good condition and taken in to stock and stock register with No.....

For D-care dental solution

Storage

Authorized Signatory

Handwritten signature

Handwritten signature

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

NEW SURYA DISTRIBUTORS (2025-2026)

ROOM #44/212R RANI PLAZA BUILDINGS
LOGANS ROAD, THALASSERY
Mob : 7356135669, 9947063064
DL NO KL-KNF-125710 KL-KNF-125709
Email : sales@newsuryadistributors.in
GSTIN: 32AAKN1299R1ZM
State Name : Kerala, Code : 32
E-Mail : sales@newsuryadistributors.in

Buyer (Bill to)

MAHE INST. OF DENTAL SCIENCES & HOSPITAL

chalakkara
po.palloor
0490 2337406
DL NO: 101746-2024
DL NO: 101747-2024
State Name : Puducherry, Code : 34

Invoice No.	Dated
NS/0098/2025-26	8-Apr-26
Delivery Note	Mode/Terms of Payment
Reference No. & Date.	Other References
Buyer's Order No.	Dated
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate (Incl. of Tax)	Rate per	Disc. %	Amount
1	BRISK ABSORBENT COTTON WOOL I.P.400GMS Batch : 92 Expiry : 30-Jan-30 MRP / Marginal : 295.00/Nos	56012110	12 %	50 Nos	120.00	107.14 Nos		5,367.00
	OUT PUT IGST @ 12% ROUND OFF					12 %		642.84 0.16
	Total			50 Nos				₹ 6,000.00

M STADS

*Arrival no-35 dt 09/4/25
Voyar no-36 dt do*

12/4/25

Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with No.

Stock Register No. 12/25

Amount Chargeable (in words)

INR Six Thousand Only

Company's Bank Details

Bank Name : **HDFC BANK A/C**
A/c No. : **5020063341921**
Branch & IFS Code : **THALASSERY & HDFC0009439**

Declaration

1. we reserve the right of ownership of the goods until payment of invoice value. 2. our responsibility ceases after the goods has been delivered to carriers. all sort of transit risk to buyers account. 3. Goods once sold cannot be taken back. 4. interest @ 24% p.a. will be charged if payment is not made within 30 days from the invoice date.

NEW SURYA DISTRIBUTORS (2025-2026)
45/520, Rani Plaza
Logans Road, Thalassery - 670101
Ph: 9947063064

Previous Balance : 0.00
Invoice Amount : 6,000.00
Closing Balance : 6,000.00

(ORIGINAL FOR RECIPIENT)

Dated 30-May-2025

DEBONAIR LINKS
 Jubilee Road, Thalassery-670101
 DL NO 13/112/20B/09 , 13/113/21B/09
 GST 32BKYP1400L1ZY
 SBI , TLY , IFS CODE SBIN0000926
 A/C NO: 67368326835
 PH: 0490 2344960
 State Name : Kerala, Code : 32
 E-Mail : debonairpharma@gmail.com

Tax Invoice

Party : **Mahe Institute of Dental Sciences&Hospital**
 Chalakkara
 DL NO: 101746-2024
 DL NO: 101747-2024
 LIC NO: RLF20PY2024000032
 PO NO : 136
 DATED : 30/05/2025
 State Name : Puducherry, Code : 34

Description of Goods	HSN/SAC	GST Rate	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
care Gloves 6.	40151100	12 %	97.00/Pairs	100 Pairs <i>(4 box x 25 pairs)</i>	18.60	Pairs	✓	1,860.00
ch: 25D3007				100 Pairs				
care Gloves 7 (S	40151900	12 %	97.00/Pairs	100 Pairs	18.60	Pairs	✓	1,860.00
ch: 25c1005				100 Pairs <i>(4 box x 25 pairs)</i>				3,720.00
OUTPUT IGST @12%					12 %			446.40
Round Off								(-).40
Total				200 Pairs				Rs. 4,166.00

30/5/25

30/5/25

[Signature]

Arrival no- 400 dt 02/6/25
Vapur no- 406 dt - do

Certified that the goods mentioned
 in this bill have been received in good
 condition and taken in the stock register

[Signature]

able (in words)

Four Thousand One Hundred Sixty Six Only

TIN : 32120921171

this invoice shows the actual price of the
and that all particulars are true and correct



for DEBONAIR LINKS

Authorised Signatory

This is a Computer Generated Invoice

TAX INVOICE



Den Healthcare and Allied Enterprises Pvt Ltd
 Azhchavattam , Mankav,
 Calicut - 673007
 DL NO-WLF20B2023KL000158,WLF21B2023KL000150
 GSTIN/UIN: 32AAJCD7491C1ZQ
 State Name : Kerala, Code : 32
 E-Mail : sales@denhealthcare.com

Invoice No. DENPVT25-26/070	Dated 10-Apr-25
Delivery Note	Mode/Terms of Payment 30 Days
Reference No. & Date. 25 dt. 10-Apr-25	Other References
Buyer's Order No. 25	Dated 9-Apr-25
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery	

Buyer (Bill to)
Mahe Institute of Dental Sciences & Hospital
 Chalakkara, Palloor, Mahe
 State Name : Kerala, Code : 32
 Place of Supply : Kerala
 Contact : 0490-2337406
 E-Mail : purchase@mahedentalcollege.org

Sl No.	Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	Latex Examination Gloves Medium - Lightly Powdered Batch : 120629156PTSR Expiry : 1-Jan-29	40151900	900.00/Box	160.00 Box 160.00 Box	176.00	Box		28,160.00
2	Nitrile Examination Gloves Medium - Powder Free Batch : 120629156VWVI Expiry : 1-Jan-29	40151200	1,499.00/Box	20.00 Box 20.00 Box	173.00	Box		3,460.00
3	Nitrile Examination Gloves Small - Powder Free Batch : 120629156VWVI Expiry : 1-Jan-29	4015	1,499.00/Box	20.00 Box 20.00 Box	173.00	Box		3,460.00
4	Latex Examination Gloves Small - Lightly Powdered Batch : 120629156PTSR Expiry : 1-Jan-29	40151900	900.00/Box	200.00 Box 200.00 Box	176.00	Box		35,200.00
								70,280.00
						6 %		4,216.80
						6 %		4,216.80
								0.40

10/4/25

Man. Disp. St. No. 1

Arrival no - 57 dt 11/4/25

continued ...

Confirmed that the goods mentioned in this Bill have been received in good condition and taken in to stock and stock register with No.....

[Signature]
 Store Manager
 11/4/25

[Signature]

TAX INVOICE

 Den Healthcare and Allied Enterprises Pvt Ltd Azhchavattam, Mankav, Calicut - 673007 DL NO: WLF20B2023KL000158, WLF21B2023KL000150 GSTIN/UIN: 32AAJCD7491C1ZQ State Name: Kerala, Code: 32 E-Mail: sales@denhealthcare.com	Invoice No. DENPVT25-26/049	Dated 7-Apr-25
	Delivery Note	Mode/Terms of Payment 30 Days
Buyer (Bill to) Mahe Institute of Dental Sciences & Hospital Chalakkara, Palloor, Mahe State Name: Kerala, Code: 32 Place of Supply: Kerala Contact: 0490-2337406 E-Mail: purchase@mahedentalcollege.org	Reference No. & Date. 10 dt. 7-Apr-25	Other References
	Buyer's Order No. 10	Dated 7-Apr-25
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
Terms of Delivery 4 Box - Box Parcel		

Sl No	Description of Goods	HSN/SAC	MRP/Marginal	Quantity	Rate	per	Disc. %	Amount
1	Latex Examination Gloves XSmall - Lightly Powdered Batch: 120629156PTSR Expiry: 1-Jan-29 6% CGST 6% SGST Round Off Less: Bill Details: New Ref 18PVT53M 30 Days 23,654.00 Dr Certified that the goods mentioned in this bill have been received in good condition and taken in to stock and stock register with ID.....	40151900	690.00/Box	120.00 Box	176.00	Box		21,120.00
				120.00 Box				1,267.20
								1,267.20
								(-).40
	Total			120.00 Box				₹ 23,654.00

Amount Chargeable (in words) **INR Twenty Three Thousand Six Hundred Fifty Four Only**

Previous Balance: ₹ 7,795.00 Dr
 Current Balance: ₹ 31,449.00 Dr

Taxable Value	CGST		SGST/UTGST		Total Tax Amount
	Rate	Amount	Rate	Amount	
21,120.00	6%	1,267.20	6%	1,267.20	2,534.40
Total:		21,120.00		1,267.20	2,534.40

Tax Amount (in words): **INR Two Thousand Five Hundred Thirty Four and Forty paise Only**

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:
 A/c Holder's Name: DEN HEALTHCARE AND ALLIED ENTERPRISES P
 Bank Name: CANARA BANK PVT LTD
 A/c No: 120024034021
 Branch & IFS Code: Mankav & CNRB0014413



Customer's Seal and Signature _____ for Den Healthcare and Allied Enterprises Pvt Ltd

Authorised Signatory