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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Dr Anil Melath
Digitally signed by Dr Anil Melath
Date: 2026.08.21 13:37:54 +05'30'

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Chalakkara, P.O. Pallor, Mahe-673 310 U.T. of Puducherry. Ph : 0490 2337765

CERTIFICATE OF THE HEAD OF INSTITUTION

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U.T. of Puducherry. Ph : 0490 2337765

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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details are given:

DR ANIL·M
Principal
Mahe Institute of Dental Sciences & Hospital
MAHE

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RELEVANT RECORDS OF ALL 6 PARAMETERS

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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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CHALAKKARA
MAHE
PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

MINDS

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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:

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

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PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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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:

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

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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PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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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CHALAKKARA
MAHE
PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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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 (e.g., specimens, contaminated laundry, etc.)	LABEL TYPE (size, color, 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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Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
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UT of Puducherry

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 __(Licenced 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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CHALAKKARA
MAHE
PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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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CHALAKKARA
MAHE
PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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U.T. of Puducherry. Ph : 0490 2337765

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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Dr. Anil Melath, MDS
Principal
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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
- 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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CHALAKKARA, P.O.
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PIN: 673310

Dr. Anil Melath, MDS
Principal
Mahe Institute of Dental Sciences & Hospital
Chalakkara, P.O.Palloor, Mahe -673310
UT of Puducherry

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Needlestick Prevention Guide

(Health Care Providers)

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/phspep.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%.

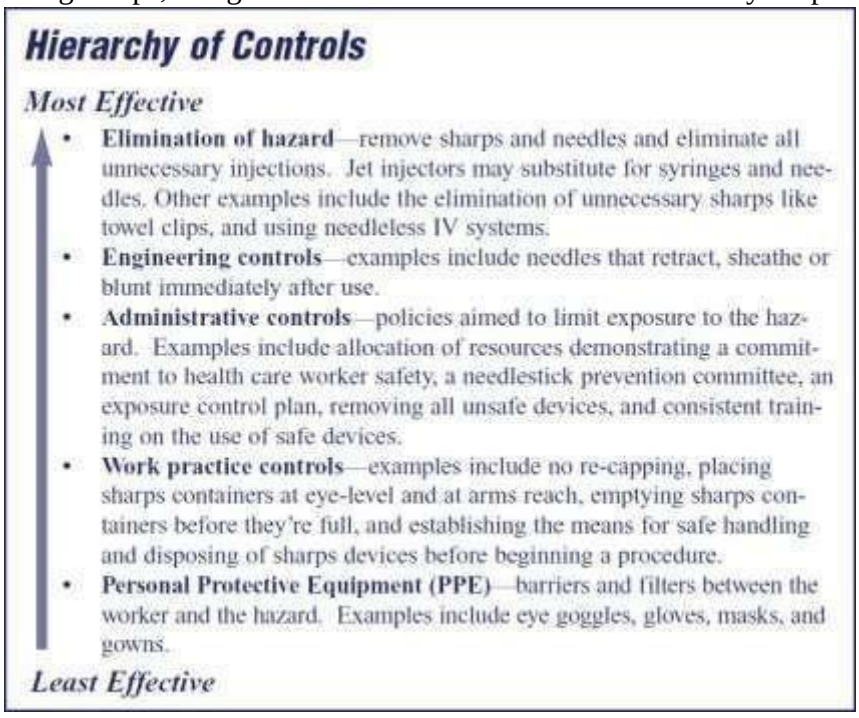
The first safe needle designs were patented in the 1970s. In 1992, the FDA issued an alert to all health care facilities to use needleless IV systems wherever possible. That alert was merely a recommendation, and it took another eight years for it to be required by law.

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, ask 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/phspep.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 32BKYPP1400L1ZY
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	40151900	12 %	88.00/Pairs	**48 Pairs**	18.80	Pairs		902.40
Batch: 24C1005 2/25				48 Pairs				
OUTPUT IGST @12%					12	%		108.29
Round Off								0.31
Total				48 Pairs				Rs. 1,011.00

E. & O.E

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

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

Store Keeper
MINDS

Acc 11/09/24

Amount Chargeable (in words)
Rupees One Thousand Eleven Only

Company's VAT TIN : **32120921171**

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

Checked by GW

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

Duplicate for Recipient
Duplicate for Supplier/Consignor
Triplicate for Supplier

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
GSTIN :
Mobile: 9747406336
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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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
1 of 1 Pages		Total :	51.00			6050.00		0.00		0.00		276.25	6326

General Disposible.
Arrival no - 675 dt 31/7/24
Voucher no - 684 dt —do—
Acc 29/07/24

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

Total Invoice Amount in Words:

Six Thousand Three Hundred Twenty Six Rupees Only

Total Amount Before Tax	:	6050.00
Add : CGST	:	0.0
Add : SGST	:	0.0
Add : IGST	:	276.
Tax Amount : GST	:	276
Total Amount After Tax	:	6326

GST Payable on Reverse Charge :

Certified that the particulars given above are true a

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:32AEIFS9150F1Z0
DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE

INVOICE

Original for Receiver
Duplicate for Supplier/Transporter
Triplicate for Consignee

Reverse Charge	:	Transportation Mode	:
Invoice No.	: SLC 15	Vehicle Number	:
Invoice Date	: 24-09-2024	Date of Supply	:
State	: KERALA	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 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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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	15680.00
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	15680.00
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
1 of 1	Pages	Total :	350.00				62050.00		0.00		0.00		7446.00	69496.00

Received no - 965 dt 28/9/24
Verified 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

Acc 24/09/24

Total Invoice Amount in Words:

Sixty Nine Thousand Four Hundred Ninety Six Rupees Only

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

checked no GW

5517 1072 3304.

GST Payable on Reverse Charge :

Certified that the particulars given above are true and cor

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

31/7/24

GSTIN:32AEIFS9150F1Z0
DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE

INVOICE

Original for Recipient
Duplicate for Supplier/Transporter
Triplicate for Supplier

Reverse Charge :
Invoice No. : SLC 8
Invoice Date : 29-07-2024
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 :
Mobile: 9747406336
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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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

Aerora / Diponibles.
6 boxes
Rcvd.

Dec 29/07/24

Arrival no - 684 dt 31/7/24
Voucher no - 693 dt —do—

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

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	:	5
Tax Amount : GST	:	5
Total Amount After Tax	:	4
GST Payable on Reverse Charge	:	

Certified that the particulars given above are tr

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

STARMED LIFECARE SLC

(Common Seal)

For, STARMED LIFECARE

Authorised Signatory

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
Contact : 8075410696
E-Mail : sales@denhealthcare.com
www.denhealthcare.com

ute 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
amination Gloves Small - Lightly d	40151900	690.00/Box	**150.00 Box**	159.82	Box	**23,973.00**
160424720KRKD			150.00 Box			
10-Apr-29						
6% CGST						**1,438.38**
6% SGST						**1,438.38**
Round Off						**0.24**
Total			**150.00 Box**			**₹ 26,850.**

8/5/24

Approval no - 163 dt 09/5/2
Receipt no - 166 dt 10/5/

30 Days 26,850.00 Dr

d that the goods mentioned have been received in good and taken in to stock and ar with No.....

Store Keeper
MINDS

words)
ousand Eight Hundred Fifty Only

E. &

HSN/SAC	Taxable Value	CGST		SGST/UTGST		Tota
		Rate	Amount	Rate	Amount	Tax Am
	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

DEN HEALTHCARE MANKAVE

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

Original for Recipient
Duplicate for Supplier/Transporter
Triplicate for Supplier

Reverse Charge :
Invoice No. : SLC 18
Invoice Date : 15-10-2024
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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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
	1 of 1 Pages Total :		280.00				49000.00		0.00		0.00		5880.00	54880.00

Approval no - 1062 dt 18/10/24
Voucher 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.............

Store Keeper

1 boxes paid.

Disposables

15/10/24

Total Invoice Amount in Words:
Fifty Four Thousand Eight Hundred Eighty Rupees Only

S/u checked

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

GST Payable on Reverse Charge :

5817 1944.4140

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

STARMED LIFECARE SLC Farook College, Calicut-673632

(Common Seal)

Certified that the particulars given above are true and correct.

For, STARMED LIFECARE

Authorised Signatory

[E&OE]

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

Original for Receipient
Duplicate for Supplier/ Transporter
Triplicate for Supplier

Reverse Charge :
Invoice No. : SLC 5
Invoice Date : 29-05-2024
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 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
1 of 1 Pages			Total :				180.00		19000.00		211.63		211.63	0.00

31/5/24 Arrival no - 313 dt 01/6/24
Verified no - 337 dt 5/6/24

Disposables

Certified that the particulars given in this Bill have been received in good condition and taken in to stock and stock register with No.....

Store Keeper
MMDS

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	
GST Payable on Reverse Charge	

Certified that the particulars given above a

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

For, STARMED LIFECARE

(ORIGINAL FOR RECIPIENT)

ice No. DL G/803
No.

Dated 4-Sep-2024

DEBONAIR LINKS
Jubilee Road, Thalassery-670101
DL NO 13/112/20B/09 , 13/113/21B/09
GST 32BKYPP1400L1ZY
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

Sl No.	Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	**Surgicare Gloves 6. 5[S/t]** *Batch:* 24F102 5/29	40151100	12 %	88.00/Pairs	**50 Pairs** 50 Pairs	18.60	Pairs		**930.00**
	OUTPUT IGST @12%					12	%		111.60
	Round Off								0.40

876
Arrival no - ~~875~~ dt 05/9/24
Verify no - 890 dt ~~do~~

Acc 04/09/24

Certified that the goods mentione
in this bill have been received in go
condition and taken in to stock a
stock register with No.....

Store Ke
MINO

DEBONAIR LINKS
Jubilee Road
Thalassery-670101
Ph: 0490-2344960
9847599O1
* Dealers of Surgicals & Disposibles *

Total		50 Pairs	Rs. 1,0

Chargeable (in words)
Rupees One Thousand Forty Two Only

D-care dental solution
ground floor,pharma city,zc north road,palayam,calicut-673002
Licence No: WLF20B2022KL000492, WLF21B2022KL000488
Phone no.: 9947147870 Email: dcaredentals@gmail.com
GSTIN: 32CKIPP0291C1ZH, State: 32-Kerala

Invoice

Bill To

Mahe institute of dental science and hospital

Chalakkara P O, palloor
Mahe 673310
puducherry

Contact No. : 04902337406

State: 34-Puducherry

Transportation Details

Vehicle Number:

Invoice Details

Invoice No. : DC2425-420

Date : 29-05-2024

Place of supply: 34-Puducherry

PO Date : 29-05-2024

PO Number : 74

#	Item name	HSN/SAC	Quantity	Unit	Price/unit	GST	Final Rate	Amount
1	**N95 mask**	6020	500	PCS	₹ 9.048	₹ 226.190 (5%)	₹ 9.500	₹ 4,750.000
2	**disposible gown encare**	6021	600	NOS	₹ 45.714	₹ 1,371.430 (5%)	₹ 48.000	₹ 28,800.000
	Medical consumables	Arrival no- 378 dt 07/6/24 Verify no- 382 dt 08/6/24						
	Total		1100			₹ 1,597.620		₹ 33,550.000

Tax type	Taxable amount	Rate	Tax amount
IGST	₹ 31,952.380	5%	₹ 1,597.620

Amounts	
Sub Total	₹ 33,550.000
Total	**₹ 33,550.000**
Received	₹ 0.000
Balance	₹ 33,550.000

Invoice Amount In Words

Thirty Three Thousand Five Hundred Fifty Rupees only

Payment mode

Credit

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.....

Store Keeper
MINDS

For : D-care dental solution

Authorized Signatory

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. **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	disposible 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

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

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 mukkom branch
Account No. : 265-405-500-083
IFSC code : ICIC0002654

For : D-care dental solution

Authorized Signatory

Arrival no- 1254 dt 20/11/24
Voucher no- 1268 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.....

Store Keeper
MINDS

S/w checked
Answaya
23/11/24

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.	Date
DC2425-1682	14-11-2024
Place of supply	PO date
34-Puducherry	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			₹ 1,189.29		₹ 11,887.00

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

A/c 14/11/24

Payment mode

Credit

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

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 - 1243 dt 15/11/24

Voucher no - 1259 dt —do—

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

S/W checked

Asst
15/11/24

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 32BKYPP1400L1ZY
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 - 6349
DATED: 18-12-2024
State Name : Puducherry, Code : 34

Sl	Description of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
1	**Surgicare Gloves 6. 5[S/t]** Batch: 24H2014	40151100	12 %	97.00/Pairs	**100 Pairs**	18.60	Pairs		**1,860.00**
2	**Surgicare Gloves 7 (S /t)** 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-2026	3004	12 %	1,986.31/jar	50 Pairs **2 jar** 2 jar	1,680.36	jar		**3,360.72**
4	**Surgicare Gloves 6 [S /t]** Batch: 24F3010M	40151900	12 %	88.00/Pairs	**25 Pairs** 25 Pairs	18.60	Pairs		**465.00**
	OUTPUT IGST @12%					12	%		6,615.72 **793.89**
	Round Off								**0.39**
	Total								**Rs. 7,410.00**

A/c 19/12/24

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

S/W checked Aiswarya 26/12/24 Medical Consumable

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

18/12

Amount Chargeable (in words)
Indian Rupees Seven Thousand Four Hundred Ten Only

E. & O.E

Company's VAT TIN : **32120921171**

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

DEBONAIR LINKS Jubilee Road Thalassery-670101 Ph: 0490-2344960 9847599001 Dealers of Surgical Goods

for DEBONAIR LINKS

Authorised Signatory

This is a Computer Generated Invoice

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

Original for Recipient
Duplicate for Transporter
Triplicate for Supplier

Reverse Charge :
Invoice No. : SLC 14
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 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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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
1 of 1 Pages	Total :		1.00			525.00		0.00		0.00		63.00	588.00

Sterile. & 50 pair replaced with this.

Approval no - 913 dt 19/9/24
Rcpt 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 stock register with No.....

Store Keeper

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 corr

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

checked

(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:32AEIFS9150F1Z0
DL NO: WLF21B2022KL000131
WLF20B2022KL000134

INTERSTATE

INVOICE

Reverse Charge :
Invoice No. : SLC 19
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 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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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 box paid
General disposables
Arrival no- 1237 dt 14/11/24
Vafu no- 1249 dt —do—
AK 12/11/24
S/w checked
15/11/24

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

Total Invoice Amount in Words:

Eighty Eight Thousand Seven Hundred Four Rupees Only

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

Eway:- 531731 5263 19

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

Tax Invoice (ORIGINAL FOR RECIPIENT)

NEW SURYA DISTRIBUTORS (2024-2025) ROOM #442/13P,RANI PLAZA BUILDING LOGANS ROAD,THALASSERY Mob : 7356135686,8947063064 DL NO:KL-KNR-125710 KL-KNR-125709 Email : Sales@newsurysaurgicals.in GSTIN/UIN: 32AAKFN1256R1ZN State Name : Kerala, Code : 32 E-Mail : sales@newsurysaurgicals.in	Invoice No. **NS/1650/2024-25** Delivery Note Reference No. & Date. Buyer's Order No. Dispatch Doc No. Dispatched through Terms of Delivery Dated **22-Jul-24** Mode/Terms of Payment Other References Dated Delivery Note Date Destination
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	

Sl 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 350 Nos	4.44	3.96	Nos		1,386.00
2	**DISPOVAN 2.5 ML 24*1** *Batch* : 4172.54SH2 *Expiry* : ~~30-Oct-29~~ 31 Mar 2029 *MRP / Marginal* : 7.70/Nos	90183100	12 %	1,000 Nos 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 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 40 Nos	115.00	102.68	Nos		4,107.20
									10,173.20
	OUT PUT IGST @ 12%						12	%	1,220.78
	ROUND OFF								0.02

Atterical No: 635 dt: 23/07/24

Voucher no- 653 dt 24/7/24

Disposables

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		**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**

for NEW SURYA DISTRIBUTORS (2024-202

Authorised Signatory

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,ze north road,palayam,calicut-673002
Licence No: WLF20B2022KL000482, WLF21B2022KL000488
Phone no: 8714881870
Email: dcaredentals@gmail.com
GSTIN: 32CKIPP0298C1ZH
State: 32-Kerala

Invoice No.	DC2425-1907
Date	12-12-2024
Place of supply	34-Puducherry
PO date	09-12-2024
PO number	334, 311

Bill To

Mahe institute of dental science and hospital
Chalakkara 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
3	disposible 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			5261			₹ 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

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	₹ 242.8
Total	**₹ 27,275.271**		**₹ 2,348.679**	**₹ 2,348.6**

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 - 1445 dt 16/12/24
Rajiv no - 1464 dt -do-

s/w checked

14/12/24

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

Store Keeper
MINDS

Gen Consumables / disposables

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 13
Invoice Date : 16-09-2024
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   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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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
1 of 1 Pages	Total :		230.00			40250.00		0.00		0.00		4830.00	450

Arrival no - 911 dt 19/9/24
Voucher no - 927 dt — do —

Disposables

Acc 10/01/24

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:

Fourty Five Thousand Eighty Rupees Only

checked & ok

Total Amount Before Tax	:	40250
Add : CGST	:	0
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

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

(Common Seal)

For, STARMED LIFECARE

Authorised Signatory

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
Contact : 8075410696
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**
Reference No. & Date. **105 dt. 12-Jun-24**	Other References
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 - To Paid.

Sl No	Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Amount
1	**Latex Examination Gloves Medium - Lightly Powdered** *Batch : 859130648574* *Expiry : 8-Jun-28*	40151900	690.00/Box	**120.00 Box** 120.00 Box	179.20	Box	**21,504.00**
2	**Latex Examination Gloves XSmall - Lightly Powdered** *Batch : 120629156VWVI* *Expiry : 1-Jan-29*	40151900	690.00/Box	**50.00 Box** 50.00 Box	179.20	Box	**8,960.00**
3	**Latex Examination Gloves Small - Lightly Powdered** *Batch : 120629156VWVI* *Expiry : 1-Jan-29*	40151900	690.00/Box	**200.00 Box** 200.00 Box	179.20	Box	**35,840.00**
4	**Nitrile Examination Gloves Small - Powder Free** *Batch : 120629156VWVI* *Expiry : 1-Jan-29*	40151900	1,499.00/Box	**40.00 Box** 40.00 Box	185.00	Box	**7,400.00**
5	**Nitrile Examination Gloves Medium - Powder Free** *Batch : 120629156VWVI* *Expiry : 1-Jan-29*	40151900	1,499.00/Box	**40.00 Box** 40.00 Box	185.00	Box	**7,400.00**
							81,104.00
	6% CGST						**4,866.2**

10/12/624

Arrival no - 421 dt 13/6/24

continued

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 Keeper
MINDS

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. **DC2425-1429**	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	disposible gown encare	62101000	600	NOS	₹ 45.710	₹ 1,371.300 (5%)	₹ 47.996	₹ 28,797.300
3	Head cap	6501	60	pkts	₹ 97.140	₹ 291.430 (5%)	₹ 102.000	₹ 6,120.010
	Total		5660			₹ 1,947.730		₹ 40,902.310

Invoice Amount in Words
Forty Thousand Nine Hundred Two Rupees only

Payment mode
Credit

Disposables

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

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
Voucher no - 1051 dt 11/10/24

S/u checked

7/10/24

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

Tax Invoice

(IX) 5/8/24

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 :
Invoice No. : SLC 9
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 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 Rate	CGST Amount	SGST Rate	SGST Amount	IGST Rate	IGST Amount	Total
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 :	120.00				21400.00		0.00		2568.00	2396

Receipt no- 718 dt 06/8/24
Voucher no- 720 dt -do-

Ace 21/07/24

Paid 24/8/24

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 Keeper
MMDS

1 of 1 Pages

Total Invoice Amount in Words:

Twenty Three Thousand Nine Hundred Sixty Eight Rupees Only

Total Amount Before Tax	:	21400.0
Add : CGST	:	0
Add : SGST	:	256
Add : IGST	:	256
Tax Amount : GST	:	239
Total Amount After Tax	:	

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

STARMED LIFE CARE SLC

For, STARMED LIFECARE

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	Date
DC25-26/481	23-05-2025
Place of supply	PO number
34-Puducherry	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

Payment mode

Credit

Amounts	
Sub Total	₹ 5,985.000
Total	**₹ 5,985.000**
Received	₹ 0.000
Balance	₹ 5,985.000

HSN/SAC	Taxable amount	IGST		Total Tax Amount
		Rate	Amount	
6210	₹ 5,700.000	5%	₹ 285.000	₹ 285.000
Total	**₹ 5,700.000**		**₹ 285.000**	**₹ 285.000**

Bank Details
Name : ICICI bank mukkom branch
Account No. : 265-405-500-083
IFSC code : ICICI0002654

23/5/25

For : D-care dental solution

Authorized Signatory

D-CARE DENTAL SOLUTION CALICUT

Arrival no- 353 dt 27/5/205
Val/n no - 358 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
MIMSR

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.	Date
DC25-26/250	02-05-2025
Place of Supply	PO number
34-Puducherry	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	disposible 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

Payment Mode

Credit

Approval no - 186 dt 5/5/25
Order no - 190 dt -do-

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

HSN/SAC	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.....

Store Keeper

For D-care dental solution

Authorized Signatory

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

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

: 0490-2337406
: purchase@mahedentalcollege.org

Invoice No. **DENPVT25-26/316**	Dated **13-May-25**
Delivery Note	Mode/Terms of Payment **30 Days**
Reference No. & Date. **96 dt. 13-May-25**	Other References
Buyer's Order No. **96**	Dated **10-May-25**
Dispatch Doc No.	Delivery Note Date
Dispatched through	Destination
Terms of Delivery: 5 Box - Paid.	

Description of Goods	HSN/SAC	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
ex Examination Gloves Small - htly 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 [illegible] 30 Days 30,240.00 Dr

Arrival no - 259 dt 13/5/25
Voucher no - 267 dt —do—

Chargeable (in words) E. & O.E
ty Thousand Two Hundred Forty Only

Previous Balance : **₹ 1,64,550.00 Dr**
Current Balance : **₹ 1,94,790.00 Dr**

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

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

DEN HEALTHCARE AND ALLIED ENTERPRISES PRIVATE LIMITED
MANKAVE
CALICUT-673007

e that this invoice shows the actual price of the goods 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**

Seal and Signature

for Den Healthcare and Allied Enterprises Pvt Ltd

Authorised Signatory

This is a Computer Generated Invoice

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	Date
DC25-26/250	**02-05-2025**
Place of Supply	PO number
34-Puducherry	**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
	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
	disposible 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

Payment Mode

Credit

Approval no - 186 dt 5/5/25
Sanction no - 190 dt -do-

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

HSN/SAC	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.....

Store Keeper

For D-care dental solution

Authorized Signatory

7/5/25

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**
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 - Tapery. Parel	

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 XSmall - Lightly Powdered** *Batch* : **120629156PTSR** *Expiry* : 1-Jan-29	40151900	690.00/Box	**120.00 Box** 120.00 Box	176.00	Box		**21,120.00**
	6% CGST							1,267.20
	6% SGST							1,267.20
	Less : ***Round Off***							(-)0.40
	Bill Details: New Ref [illegible] 30 Days 23,654.00 *Dr*							
	Total			**120.00 Box**				**₹ 23,654.00**

Arrival 20 - 21 dt 08/4/25
Valve 20 - 23 dt do

E. & O.E

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

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

DEN HEALTHCARE AND ALLIED ENTERPRISES PRIVATE LIMITED ★ MANKAVE CALICUT-673007

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
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 Lt

Authorised Signat

This is a Computer Generated Invoice

Tax Invoice

(DUPLICATE FOR TRANSPORTER)

NEW SURYA DISTRIBUTORS (2025-2026)
ROOM #44/212R,RANI PLAZA BUILDING
LOGANS ROAD,THALASSERY
Mob : 7356155689,9947063064
DL NO:KL-KNR-125710 KL-KNR-125709
Email : Sales@newsuryasurgicals.in
GSTIN/UIN : 32AAKFN1206R1ZN
State Name : Kerala, Code : 32
E-Mail : sales@newsuryasurgicals.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-25**
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** 50 Nos	120.00	107.14	Nos		**5,357.00**
	OUT PUT IGST @ 12%					*12*	**%**		**642.84**
	ROUND OFF								**0.16**
	Total			**50 Nos**					**₹ 6,000.00**

E. & O.E

Amount Chargeable (in words)
INR Six Thousand Only

Company's Bank Details
Bank Name : **HDFC BANK A/C**
A/c No. : **50200063341921**
Branch & IFS Code : **THALASSERY & HDFC0000439**

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.

for NEW SURYA DISTRIBUTORS (2025-2026)

Authorised Signatory

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

This is a Computer Generated Invoice

o. DLG/344

(ORIGINAL FOR RECIPIENT)

Dated 30-May-2025

DEBONAIR LINKS
Jubilee Road, Thalassery-670101
DL NO 13/112/20B/09 , 13/113/21B/09
GST 32BKYPP1400L1ZY
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

cription of Goods	HSN/SAC	GST Rate	MRP/ Marginal	Quantity	Rate	per	Disc. %	Amount
care Gloves 6.	40151100	12 %	97.00/Pairs	**100 Pairs** (4box x 25 nos)	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 (4box x 25 nos)				
								3,720.00
OUTPUT IGST @12%					12	%		**446.40**
Round Off								**(-)0.40**
Total				**200 Pairs**				**Rs. 4,166.00**

Arrival no- 400 dt 02/6/25
Voucher no- 406 dt ~~do~~
04/6/25

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

E. & O.E

eable (in words)
s Four Thousand One Hundred Sixty Six Only

AT TIN : **32120921171**

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

DEBONAIR LINKS * Jubilee Road Thalassery-670101 Ph: 0490-2344960 9847599U1 * Dealers in Surgicals

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% CGST					6	%	**4,216.80**
	6% SGST					6	%	**4,216.80**
	Round Off							**0.40**

10/4/25

Den Disp. Std

12/4/25

Arrival no - 57 dt 11/4/25

continued ...

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

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. **DENPVT25-26/049**	Dated **7-Apr-25**
Delivery Note	Mode/Terms of Payment **30 Days**
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 - Thapar. Porur	

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 XSmall - Lightly Powdered** *Batch* : **120629156PTSR** *Expiry* : 1-Jan-29	40151900	690.00/Box	**120.00 Box** 120.00 Box	176.00	Box		**21,120.00**
	6% CGST							1,267.20
	6% SGST							1,267.20
	Less : ***Round Off***							(-)0.40
	Bill Details: New Ref [illegible] 30 Days 23,654.00 Dr							
	Total			**120.00 Box**				**₹ 23,654.00**

E. & O.E

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

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

DEN HEALTHCARE AND ALLIED ENTERPRISES PRIVATE LIMITED ★ MANKAVE CALICUT-673007

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

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

for Den Healthcare and Allied Enterprises Pvt Ltd

Customer's Seal and Signature

Authorised Signatory

Dr Anil Melath
Digitally signed by Dr Anil Melath
Date: 2026.08.21 13:38:09 +05'30'

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