

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsyste.ms@gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 04

Date: 12.09.2022

1. Place of Equipment Receiving & Installed

| | |
|---|--|
| Order Placed By | Name of the department of actual Installation |
| Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022 | IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022 |

2. Details of Purchase order & Supplier Name

| Purchase Order Number | Supplier Details | Supply Details |
|---------------------------------|--|--|
| 844 RC-132/2020 Date 18.06.2022 | Helios Medical Systems , Kolkata- 700 067 | Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|---|------------------|---------|---------|-----------|
| PLASMA THAWING BATH 37°C | Imperial Biotech | IPTB-01 | 01(One) | 16785 |
| With NABL Accredited Lab Calibration Certificate | | | | |
| With Warranty Certificate | | | | |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|---------------------|---------|-----------|----------|
| 01 | User Manual | 01(ONE) | NA | Supplied |
| 01 | Plasma Bag Holder | 01(ONE) | NA | Supplied |
| | | | | |

5. Demonstration Details

| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| | | | | |
| | | | | |

6. Details of Warranty & Installation

| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
|----------------------|----------------------|-----------------|-----------------------------|
| 12.09.2022 | 12.09.2022 | 10.09.2025 | 3 Years (Thirty Six Month) |

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our institution. The above mentioned equipment is working satisfactorily

Signature of Technical Person
Bidder



Signature of Technical Person
Manufacturer

Signature of HOD/In Charge
Institute / Blood Bank/Hospital
Odisha State Branch,
Bhubaneswar-7

HELIOS MEDICAL SYSTEMS

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SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 01

Date: 12.09.2022

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| Order Placed By | Name of the department of actual Installation |
| Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022 | IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022 |

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| 844 RC-132/2020 Date 18.06.2022 | Helios Medical Systems , Kolkata- 700 067 | Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|--|------------------|---------|---------|-----------|
| DEEP FREEZER -40°C, 500Ltr With NABL Accredited Lab Calibration Certificate With Warranty Certificate | Imperial Biotech | IPF-500 | 01(One) | 16782 |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|---------------------------------------|---------|-----------|---------|
| 01 | Servo Control Stabilizer with Display | 01(One) | 17610 | |
| 02 | Circular Chart Paper with 04 Pen | 300 pcs | — | |
| 03 | Door Key (One) Set 02 nos | 02(Two) | | |
| 04 | User Manual | 01(One) | | |

5. Demonstration Details

| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| 1. | DR. P. | | | |

6. Details of Warranty & Installation

| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
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Signature of HOD/In Charge,
Institute / Blood Bank/Hospital



HELIOS MEDICAL SYSTEMS

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2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsistemas@gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/ 06

Date: 12.09.2022

1. Place of Equipment Receiving & Installed

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| Order Placed By | Name of the department of actual Installation |
| Honorary Secretary, IRCS-Odisha State Branch Red Cross Bhawan, Bhubaneswar- 751022 | IRCS- Blood Centre , Red Cross Bhawan, Bhubaneswar- 751022 |

2. Details of Purchase order & Supplier Name

| Purchase Order Number | Supplier Details | Supply Details |
|---------------------------------|--|--|
| 844 RC-132/2020 Date 18.06.2022 | Helios Medical Systems , Kolkata- 700 067 | Supplied Vide Challan No: HMS/4798 Date : 24.08.2022 Delivered on : 25.08.2022 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|---|------------------|--------|---------|--------------|
| BLOOD DONOR COUCH (3 MOTOR) | Imperial Biotech | IDC-03 | 02(TWO) | 16786 /16787 |
| With NABL Accredited Lab Calibration Certificate | | | | |
| With Warranty Certificate | | | | |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|--|-----------------|-----------|----------|
| 01 | User Manual | 01(ONE)+1 (S.M) | NA | Supplied |
| 02 | Stand and Tray holder for BCM,BP Machine , Phlebotomy material and Saline Stand | 01(ONE)+1 (S.M) | NA | Supplied |
| | | | | |

5. Demonstration Details

| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| | | | | |
| | | | | |

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| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
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Signature of Technical Person
Bidder




Signature of Technical Person
Manufacturer

Indian Red Cross Society,
Bhubaneswar,
Signature of HOD/In Charge
Institute / Blood Bank/Hospital

INSTALLATION & TRAINING REPORT

Customer Name : INDIAN RED CROSS SOCIETY, ODISHA BRANCH

Department : _____

Address : RED CROSS BHAWAN, FRIP + HSC, Unit -

City : BHUBANESWAR Pin : 751022 State : ODISHA

Territory : BHUBANESWAR-1 Zone : E24

Telephone & Fax : _____ email : _____

Contact Person : Akshya Ku. Deh Mobile No. : 9861413360

Instrument Model : ECL-412 Sr. No. : 0634-41-180221

Installation Date : 26-09-2022

The above mentioned instrument has been satisfactorily installed by Service Engineer / Product Specialist of Transasia Bio-Medicals Ltd. Operational Training & User Maintenance of the instrument was provided to the following staff members on date (s) :

| Name (s) | Designation/ Dept. |
|--------------------------|--------------------|
| 1. <u>Akshya Ku. Deh</u> | <u>TCM</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

Test/ Parameters Demonstrated : _____

Customer Comments (If any) : _____

Engineer / Product Specialist : Engineer Customer Signature : [Signature]

Signature : _____ Customer Name : Akshya Ku Deh

Name : Soumya Ranjan Raudanay Designation : TCM

Date : 26-09-2022 Customer Seal : _____

Arbitration Clause

All disputes, Differences, controversies and questions directly or indirectly arising at any time under, out of, in connection with or in relation to the payment of this instrument / reagents / service shall be referred to the sole arbitrator to be appointed by Transasia Bio-Medicals Limited under the Arbitration and Conciliation Act 1996. The venue and seat of arbitration shall be at Mumbai. The award rendered by the arbitrator(s) shall be final and binding upon both Parties.

www.transasia.co.in



TRANSASIA BIO-MEDICALS LTD.

TRANSASIA HOUSE, 8 CHANDIVALI STUDIO ROAD, ANDHERI (E), MUMBAI - 400 072 TEL : 4030 9000 FAX : (022) 4030 9090 / 2857 3030 Email : transasia@transasia.co.in

DELHI (011) 25732223 CHENNAI (044) 28227149 KOLKATA (033) 22157839 BANGALORE (080) 25568044 AHMEDABAD (079) 26407030

H. O. COPY

Performance Qualification Report

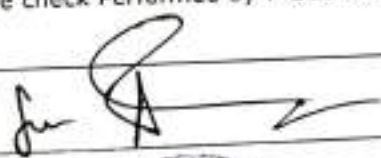
| | |
|--|--|
| Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar | Instrument Type: Blood Bank Refrigerator |
| Model Number: BR -360 | Serial Number: 2022070333 |
| | Date of installation: 08/09/2022 |

Performance Check:

| | | |
|---|---------|----------|
| Line Voltage & Earthing | Checked | Found OK |
| Visible indications | Checked | Found OK |
| Audible indications | Checked | Found OK |
| Compressor function | Checked | Found OK |
| Internal/External fan | Checked | Found OK |
| Door Signal | Checked | Found OK |
| Chart change, Reset & Alarm. Ack. Buttons | Checked | Found OK |

Result:

The performance verification of Blood Bank Refrigerator has been completed satisfactorily and instrument is ready to be placed in service.

| | |
|---|--------------|
| Performance check Performed by : Subha Mondal | Checked by : |
| Signature :  | Signature : |
| Date : | Date : |



OPERATIONAL QUALIFICATION

| | |
|---|---|
| Instrument Type : BLOOD BANK REFRIGERATOR | Manufacturer Name : TERUMO PENPOL PRIVATE Limited |
| Model Name : BR -360 | Supplier Name : Health Ray Enterprise |
| Installed on : 08/09/2022 | Service Engineer: Subha Mondal |

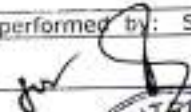
Operational Verification report

| | |
|--|--|
| Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar | Instrument Type: Blood Bank Refrigerator |
| Model Number: BR - 360 | Serial Number: 2022070333 |
| Date of receipt: | Date of installation: 08/09/2022 |

Operational check:

| | | |
|---|---------|---|
| Operating of M C B | Checked | M C B is working ok |
| Proper Earthing & line voltage | Checked | Found ok |
| POWER, COMPRESSOR ON, COMPRESSOR OFF, TEMP. LOW, TEMP. HIGH, DOOR OPEN, BAT. LOW, SYSTEM LOW LED's indication | Checked | Checked visible. Found ok |
| Compressor function | Checked | Working silently, no any abnormal sound. |
| Internal /External fan function | checked | Both fans are working ok. |
| Buzzer/Alarm during Low & High Temperature | Checked | Found OK |
| TRCU function | Checked | Found ok |
| Door open signal | Checked | Checked audible & visible. Found ok |
| Battery Back up | Checked | Turning on while power failure automatically |
| Battery fault or low signal | Checked | Checked .Turning ON -When Battery may be faulty or dry. |

Result:
Operational verification of Blood Bank Refrigerator has been completed satisfactorily and it is ready for the performance verification.

| | |
|---|--------------|
| Operations performed by: Subha Mondal | Checked by : |
| Signature :  | Signature : |
| Date : | Date : |



TERUMO PENPOL PRIVATE LIMITED, CIN: U33112KL1985PTC004531, E-Mail: Penpol.info@terumobct.com

Registered Office : I-2, Jawahar Nagar, Kowdiar P.O, Thiruvananthapuram - 695 003 Kerala, India. Phone: +91 471-3015500, +91 471-3015501
Blood Bag Factory : VP 1520, Pullyarakonam P.O, Thiruvananthapuram - 695 573, Kerala, India. Phone: +91 471-3052022 / 7192210 /3015600 / 3015606 / 3015609
Medical Systems Group : T.C. 27/373, Andoor Buildings, General Hospital Road, Thiruvananthapuram - 695 035 Kerala, India. Phone: +91 471-7135800

27

Installation Qualification Report

| | |
|--|--|
| Name of the customer : Blood Centre, Indian Red Cross Society, Bhubaneswar | Instrument Type: Blood Bank Refrigerator |
| Model Number: BR -360 | Serial Number: 2022070333 |
| | Date of installation: 08/09/2022 |

Power check:

| | |
|---------------|---------------|
| Power supply | AC 228V-50 Hz |
| Plug top | 5 Amps |
| Earth voltage | 2.3 Volt |

Environmental check:

| Parameter | Working range | Site conditions |
|------------------|---------------|-----------------|
| Room temperature | 5-40°C | 24°C |
| Humidity | 10-90% | 65% |

Physical check of the equipment:


| | | |
|--------------------------------|---------|-----------------|
| Check for damage | Checked | No damage found |
| Visual & functional inspection | Checked | OK |
| No damage on internal assembly | Checked | No damage found |

System configuration check:

| | | |
|--|---------|-----------------|
| Positioning of the equipment-flat stable surface | Checked | Found OK |
| Adequate space around the Refrigerator | Checked | Found OK |
| Interference to other equipments | Checked | No interference |

Result:

Installed the Blood Bank Refrigerator satisfactorily and is ready for operational verification

| | |
|---|--------------|
| Installed by: Subha Mendal | Checked by : |
| Signature :  | Signature : |
| Date : | Date : |



CERTIFICATE OF CONFORMITY

The Quality Assurance Department of
Medical Systems Group, **TERUMO PENPOL®**

Certifies that the

| | |
|---------------|---------------------|
| Equipment | TUBE SEALER |
| Model | XS1010 |
| Serial Number | 2022056510 |
| Power Supply | 100-240 V, 50/60 Hz |

has passed the quality assurance testing in compliance with our specifications.

| TERUMO PENPOL SPECIFICATION | TERUMO PENPOL CONFORMANCE |
|---|--|
| RF Power | Verified that the Forward RF Power 60W and the Reflex Power 40W are within the specified range. |
| Frequency | Verified that the seal frequency setting is between 40 - 40.8 MHz. |
| Maximum Diameter of the Tube that can be sealed | Verified that a tube of diameter 6 mm can be sealed properly. |
| Sealing Time | Verified that the nominal time taken to seal the tube 2 ± 1 Seconds is within the specified range. |
| Indication Lamps | Verified that the following indications are present and functional: Power, Ready Seal and Cover Open. |

Date of Issue: 13-05-2022



For,
Quality Assurance,
Medical Systems Group,
TERUMO PENPOL Private Limited



ISO 9001:2015
EN ISO 13485:2016

TERUMO PENPOL PRIVATE LIMITED, CIN: U33112KL1985PTC004531, E-Mail: Penpol.info@terumobct.com

Registered Office : I-2, Jawahar Nagar, Kowdiar P.O, Thiruvananthapuram - 695 003 Kerala, India. Phone: +91 471-3015500, +91 471-3015501
Blood Bag Factory : VP 1/520, Pullyarakonam P.O, Thiruvananthapuram - 695 073, Kerala, India. Phone: +91 471-3052022 / 7192210 / 3015600 / 3015609
Medical Systems Group : T.C. 27/373, Andoor Buildings, General Hospital Road, Thiruvananthapuram - 695 035 Kerala, India. Phone: +91 471-7135800

TERUMOPENPOL.COM

CALIBRATION CERTIFICATE

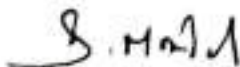
| | |
|---|--|
| Name: Blood Centre | Address: Indian Red-Cross Society, Bhubaneswar, Odisha - 751022 |
| Equipment: Deep Freezer | Room Ambient Temperature: 24 °C |
| Model Number: DF40U | Serial Number: 2022070333 |
| Report Number: TPPL/CAL/EAST/IRCS-BBSR/02 | Date of Calibration :08.09.2022 Due date of Calibration: 07.09.2023 |

TEMPERATURE AT DIFFERENT COMPARTMENTS

| | Accepted standard deviation | Displayed Temperature °C | Measured Temperature °C | Meet Spec. (Y / N) | Passed (Initials) |
|---------------|-----------------------------|--------------------------|-------------------------|--------------------|-------------------|
| Compartment 1 | ± 3 °C | -40.5°C | -40.2°C | Y | |
| Compartment 2 | ± 3 °C | -41.0°C | -40.5°C | Y | |
| Compartment 3 | ± 3 °C | -39.5°C | 38.5°C | Y | |
| Compartment 4 | ± 3 °C | -40.0°C | -40.5°C | Y | |

OTHER PARAMETERS

1. Compressor ON & OFF set temperature: OK
2. High & low temperature alarm: OK
3. Chart change & chart set function: OK

For TERUMO PENPOL Pvt. Ltd**Subha Mondal**

Technical Service Engineer

Health Ray

ERUMO PENPOL Private Limited
EQUIPMENT SERVICE GROUP

INSTALLATION

FR-ESS-05/H

2022/ 5214

ZONE: East

Date: 08.09.2022

| Customer Name & Address | Contact Person | Tel. No. | Fax No. | Mobile No. |
|--|----------------|----------|---------|------------|
| Blood Centre, Indian Red-Cross Society, Bhubaneswar E-mail: | | | | |

INSTALLATION DETAILS: Your Order No. & Date : Our Invoice No. & Date :

Equipment Details

| Equipment Name | Blood Bank Refrigerator | Deep Freezer | Di electric Tube Sealer |
|------------------|-------------------------|--------------|-------------------------|
| Model No. | BR360 | BR360 | DF80V XS1010 |
| Serial No. | 2022070333 | 2022070335 | 2022070404 2022056510 |
| Warranty Ends on | AS Per P.O. | | |

Installation Details

→ Opened the boxes.
 → checked the accessories and fixed.
 → switched ON the machines, checked functionalities.
 → All the machines are working properly.
 → demonstration given to technician.
 → handed over the operating manuals, conformity certificates, chart paper, pen, Digital Temp. Recorder to the technician.

Customer Training Report

| Sl. No. | Features | HOD/Blood Bank In-Charge | Bio-Medical Dept / Technician |
|---------|----------------------------------|--------------------------|-------------------------------|
| a. | Equipment Handling | | |
| b. | Cleaning Operation | | |
| c. | Operation of Equipment | | |
| d. | Essential Preventive Maintenance | | |

Remarks of Customer

- 1) Equipment is properly installed / demonstrated : Yes / No
- 2) Service rendered by service Engineer / Technician : Satisfactory / Not satisfactory
- 3) Any other details / suggestions :

Contact Telephone number for servicing : 7994443359

Service Engineer : Subla Mondal
 Signature : *[Signature]*
 Date : 08.09.2022

Customer Name : Kinganbis Panda
 Signature / seal : *[Signature]*
 Date : 8.09.2022

Distribution : Customer, File (ESS), SE Copy

Ti
No
Bic
Me
TE

Health Ray

19AGQPA6490G1Z2

GST INVOICE

ORIGINAL COPY

AGQPA6490G

HEALTH RAY ENTERPRISES

24435030

WB/KOL/NBO/W/2342

MEDICINES, MEDICAL EQUIPMENTS AND SURGICAL ITEMS

9830671617

WB/KOL/NBO/W/2342

207 HUSSAINPUR, MADURDAH, GROUND FLOOR EKT, ANANDAPUR, KOLKATA 700107 KOLKATA

Details of Receiver (Billed To)

Details Of Consignee (Shipped To)

Invoice Details :-

Billing Address :-
IRCS-ODISHA STATE BRANCH
BHUBANESWAR
Indian Red Cross Society-Odisha State
Branch
Unit -IX, Bhubaneswar
BHUBANESWAR - 751022

Delivery Address :-
IRCS-ODISHA STATE BRANCH
BHUBANESWAR
Indian Red Cross Society-Odisha
State Branch
BLOOD BANK , FIRST FLOOR ,
Unit -IX, Bhubaneswar
BHUBANESWAR - 751022
ph no - 9830671617/7044331617

Invoice No -HR0380/22-23
Invoice Date - 17/08/2022
ORDER NO -1063 RC-032/2022
ORDER DATE -21/07/2022

Pickup Location :
Terumo Penpol Private limited,
Medical System Group
TC-27/373, andoor building
Trivandrum-695035

| S. NO | DESCRIPTION OF GOODS | Model no | BATCH NO. | MFG DATE | EXP DATE | IGST | MRP | QTY | HSN CODE | RATE | AMOUNT |
|-------|---|-------------|--------------------------|----------|----------|------|-----|-----|----------|--------|------------|
| 1 | (-80 C) DEEP FREEZER (VERTICAL MODEL) (TERUMO PENPOL) | DF80U4 00A0 | 2022070404 | **** | **** | 18 | *** | 1 | 84183090 | 570000 | 570,000.00 |
| 2 | BLOOD BANK REFRIGERATOR (TERUMO PENPOL) | BR360H MOBO | 2022070333 2022070335 | **** | **** | 18 | *** | 2 | 84181010 | 275000 | 550,000.00 |
| 3 | BENCH TOP DI-ELECTRIC TUBE SEALER (SINGLE SEAL) (TERUMO PENPOL) | XS1010E 000 | 2022056510 | **** | **** | 12 | *** | 1 | 90189099 | 112000 | 112,000.00 |
| | | | | | | | | | | | 1232000.00 |

| | | | | |
|---|------------|--------------|------------|---------------------|
| INPUT TAX CREDIT IS NOT AVAILABLE TO A TAXABLE PERSON AGAINST THIS COPY | | BASIC AMOUNT | | 1232000.00 |
| Tax Slab | Total Tax | IGST% | 215040.00 | |
| Goods Sold @ 18% | 201,600.00 | TOTAL AMOUNT | 1447040.00 | |
| Goods Sold @ 12% | 13,440.00 | | | |
| GRAND TOTAL | | | | 1,447,040.00 |

Rupees: Fourteen Lakh Forty Seven Thousand Forty Only

Terms & Conditions

- * All disputes subject to kolkata jurisdiction only.
- * Our responsibility ceases as soon as goods are delivered to the carriers.
- * Please return your Breakage /Expiry one month before the expiry date

BANK DETAILS

HEALTH RAY ENTERPRISES
PUNJAB NATIONAL BANK , SHAKESPEARE SARANI BRANCH
A/C. NO. 3190008700002943 , IFSC - PUNB0319000

For HEALTHRAY ENTERPRISES



Handwritten notes and signatures at the bottom of the page, including a date '5-9-22'.



REMI SALES & ENGINEERING LTD.

Office : Bando House, 4th Floor, 29, Ganesh Chandra Avenue, Kolkata - 700013
 Service Center : 153A, Acharya Prafulla Chandra Road, (Sahitya Parishad), Kolkata-700005
 Office : (033) 2211 6367, Service Helpline No. : +91 84200 05736 (10 am. to 6 pm.)
 E-mail : instservice@kolkata@remigroup.com Website : www.remiatworld.com

SR. NO. : *N/S-243*

Visit Report of Mr. *Nityananda Sen* Division : Service HQ : Kolkata Mobile No. *9078965102* COMPLAINT NO. *6057* COMPLAINT DATE : *20.7.2022*
 Date : *8.9.2022* Complaint Registration Form enclosed

From : *Home/Office/Godown/Customer/Hotel* Left Time : *10 AM* Arrival time at Customer : *10:30 AM* Left time from Customer : *11:30 AM* Arrival time at Home/Office/Hotel/Customer : *12:00 PM*

| Serial | Item Code | Details of spare parts | HSN CODE | Qty | Rate | amt. | GST | NET amt. | Amount |
|--------|-----------|------------------------|----------|-----|------|------|-----|----------|--------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| TOTAL | | | | | | | | | |

Actual Fault Observed in Instrument : *Installation & demo*

Complainer Evaluation : *Operational Deficiency*

Details of Service Rendered : *Checked the machine Bcm-10Ultra fine installation & demo given the customer. Now machine working ok. Job done & machine working ok.*

Service Engineer Remarks : *Job done & machine working ok.*

Any Critical Observation : *No*

Customer Remarks : *Job done ok*

Service Engineer's Name : *Nityananda Sen* Service Dept. Remark with Signature : _____ Date : *8.9.22*

Customer Signature with Stamp : _____

Sales Dept. Remark with Signature : _____

Installation Report

M/S

Address of Customer:

X. Pandit Jawaharlal Nehru Marg,
Bhubaneswar - 751022

Instrument Model: **MATRIX CC 2400**

Instrument Sr. No.: **JBCC-841/19-20**

Installation Date: **31.10.2022**

Invoice No.: **TD/ID/01/12627/23**

Invoice Date: **12-Sep-22**

AMC Due Date

Contact Person: **Mr. Bhabani Prasad Nanda**

Phone No.:

Power supply details:

Instrument connected to: Online UPS Yes/No Offline UPS Yes/No

Supply input to Machine from UPS: LN: **232v** NE: **0v** LE: **232v**

Supply input to UPS from Mains: LN: **232v** NE: **0v** LE: **232v**

Accessories Provided:

- power cable
- User Manual
- Work station
- Bottle Top dispenser
- Trips box - 2 qty
- Pipette - 10ul, 25ul, 50ul & 5-50 ul

Persons Trained:

- Alon Kumar Sahoo
-

Demonstrated:

- How to handle the instrument.
- How to operate the instrument.
- How to run test parameters in the instrument.

Remarks: If any

Instrument is working condition.

Note: The above machine is satisfactorily installed at the site and staff adequately trained
Received all accessories as per packing list

Indian Redcross Society
Orissa State Branch.

Name of Dept: **Pharmacy**

Signature & Stamp: *[Signature]*

Date: **31/10/22**



Ramakanta Behera
Company's Sales & Service Engineer.
Signature
Date

Tulip Diagnostics P Ltd.

Gitanjali, Tulip Block, Dr. Antonio Do Rego Bagh, Alto Santacruz, Bambolim P.O. Goa. Pin: 403 202.
Tel: 0832-248844/51, Fax: 0832-248844, E-mail: sales@tulipgroup.com, Website: www.tulipgroup.com

31/10/22

Installation Report

Address of Customer:

IX, Pandit Jawaharlal Nehru Marg,
Bhubaneswar - 751022Contact Person: Mr. Bhabani Prasad Nanda
Phone No.:

Instrument Model: CARD WARMER CW 2400

Instrument Sr. No.: BBCW-441/21-22

Installation Date: 31.10.2022

Invoice No. TD/ID/01/12827/23

Invoice Date: 12-Sep-22

AMC Due Date

Power supply details:

Instrument connected to: Online UPS Yes/No Offline UPS Yes/No

Supply input to Machine from UPS: LN: 232V NE: 0V LE: 232V

Supply input to UPS from Mains: LN: 232V NE: 0V LE: 232V

Accessories Provided:

• power cable • User Manual

Persons Trained:

• Alok Kumar Sahoo.

Demonstrated:

- How to handle the instrument.
- How to operate the instrument.

Remarks: If any

Instrument is working condition.

Note: The above machine is satisfactorily installed at the site and staff adequately trained
Received all accessories as per packing list

Ramakrishna Behara
Company's Sales & Service Engineer
Signature
Date:

Indian Redcross Society.
Orissa State Branch.
Bhubaneswar

Department Head
Signature & Stamp
Date: 31/10/22

Tulip Diagnostics P Ltd.

Gitanjali, Tulip Block, Dr. Antonio Do Rego Bagh, Alto Santacruz, Bambolim P.O. Goa. Pin: 403 202.
Tel: 0832-2468546/81, Fax: 0832-2468544, E-mail: sales@tulipgroup.com, Website: www.tulipgroup.com

50

TULIP DIAGNOSTICS (P) LTD.

Tulip Diagnostics, Dr. Antonio Da Rego Bldg, Alca-Santacruz, Bambolim P.O. Goa. Pin: 403 202. Tel: 9833-245846/51, Fax: 0832-245844.
tulipdiagnostics@gmail.com, Website: www.tulipgroup.com

Warranty Certificate

| | | | |
|---|--------------------------------------|-----------------------------------|--|
| Customer Name: IRCS | | | |
| Address: Unit 12, Pandit Jawaharlal Nehru Marg, Bhubaneswar - 751022 | | | |
| Contact Person: Mr. Bhabani Peasad Nanda | Contact No: 9861413360 | Email ID: | |
| Instrument Model: Matrix CW 2400 & CW 2400 | Instrument Sr. No: JBC-2941 | 19-20 & BRCW-441/21-22 | |
| Invoice No. & Date: TD/D/01/12827/23, 12.09.2022 | Installation Date: 31.10.2022 | | |

Warranty Condition

- To activate the warranty, the customer must fill the installation report & warranty certificate and return the slip to Tulip Diagnostics (P) Ltd.
- Tulip Diagnostics (P) Ltd. guarantees that all its instruments are free from manufacturing defects or faults.
- Tulip undertakes repair or substitute free of charge replacement of spare part which may be found to have manufacturing defects.
- The warranty does not cover to defects of parts which are subject to wear & tear.
- Repair & interventions carried out during the period of the warranty do not extend or renew the period of warranty.
- The repairs of the instrument will be carried out by Tulip's authorized engineer only.
- Tulip reserves the right to recall the instrument for repair at the head office if major/frequent problem has been observed in the instrument.

Termination Of Warranty

- The warranty shall be terminated at the end of the warranty period & also in the following cases:
- Where attempts to make repairs or alterations have been made by unauthorized person &/or with spare parts which are not originals.
 - Alteration have been made to the serial number of the product on the certificate or on the instrument.
 - The instrument is transferred to a new location without prior written approval from Tulip Diagnostics (P) Ltd.

Validity & Duration

- This warranty shall be considered valid only on the condition that this certificate is accompanied by installation report and other purchase documents.
- The warranty is valid for a period of 12 months from the date of installation or 13 months from the date of invoice whichever is earlier.

Elements Not Covered Under This Warranty

- The following damage & faults are not covered under this warranty:
- Damage deriving &/or originating from an insufficient or inadequate electric circuit or from the area where the instrument is set up & used.
 - Breakdowns caused by careless handling, imprudence, lack of expertise & in any case caused by lack of skill or any degree of negligence on the part of the operator.
 - Damage, defects & faults deriving from unexpected events, accidents during transport by the purchaser, due to FORCE MAJORE & in any case, due to situation which can in no way be attributed to manufacturing &/or material defects.
 - Replacement of the defective instrument is never foreseen.
 - Tulip shall accept no responsibility whatsoever for damage either directly or indirectly to persons or materials from the use of the instrument.
 - Consumable items such as fuses, lamps, all tubing's, etc. are not covered under this warranty condition.

Governing Law

In case of any disputes the Courts of Panaji, Goa will have the jurisdiction in all matters.

Customer Signature & Stamp

Name:
Date:

Indian Redcross Society
Odisha State Branch
Bhubaneswar 751022
31/10/22

Ramakanta Behera
Company's Representative Signature & Stamp

Name:
Date:



Part - A Slip

53

Unique No. 5914 3412 9356
Entered Date 19/11/2022 12:58 PM
Entered By 32AAB CT231 9K1ZK - TERUMO PENPOL PRIVATE LTD(Formerly
known as TERUMO PENPOL LIMITED)
Valid From: Not Valid for Movement as Part B is not entered [2027Kms]

Part - A

GSTIN of Supplier 32AABCT2319K1ZK,TERUMO PENPOL PRIVATE LTD(Formerly
known as TERUMO PENPOL LIMITED)
Place of Dispatch Thiruvananthapuram,KERALA-695003
GSTIN of Recipient URP ,International Federation of Red Cross-Delhi,& Red
Crescent Societies (IFRC)
Place of Delivery Bhubaneswar,ODISHA-751022
Document No. TPL/MD/2223/0547
Document Date 18/11/2022
Transaction Type: Combination of 2 and 3
Value of Goods 0
HSN Code 42021110 - CARRY BAG FOR BLOOD COLLECTION MONITOR(
+1)
Reason for Transportation Outward - Supply
Transporter 36AADCG2096A1ZY & GATI-KINTETSU EXPRESS PRIVATE
LIMITED



591434129356

TAX INVOICE

55

TERUMO PENPOL Private Limited

P.B No.6105, 1-2, Jawahar Nagar,
Thiruvananthapuram-695003
91 471 7145500
Fax:+91 471 2721519 E-mail:info@terumopenpol.com

Medical System Group
TC-27/373, Andoor Buildings, Thiruvananthapuram-

Invoice No : TPL/MD/2223/0547 Date : 18-11-2022

GSTIN : 32AABCT2319K1ZK

P.O.No. Date: JUN/IFRC/2022/05_FS Order Date:6/29/2022

Despatch Per : TVS-Gati

Terms Of Payment : Free Supply

CTN No U33112KL1985PTC004531

Vehicle No.

LR/RR No. 203215419

Range :

Drug License Number: N/A

Time of Supply: 18-11-2022
Prit Shah - Sr.ASM Gujarat

Name and Address of Consignee (Ship-To)

Regional Blood Bank, Indian Red Cross
Society Odisha Branch Red Cross Bhubaneswar

Bhubaneswar - 751022

Contact No. Syed Mohammad Haroon 912811047/8004533941

Ack No.: Ack Date:

Details of Recipient (Bill-To)

International Federation of Red Cross - Delhi , & Red Crescent Societies (IFRC)

1, Red Cross Road New Delhi

Contact No: Ms. Manjari Mahapatra

GSTIN :

Drug LIC No:

Blood Bank License No.: N/A

Un Registered : Yes

IRN No.:

| Commodity Code | Commodity/Item | HSN | GST % | Batch Exp | Qty | Carton | Unit Price | Gross Value |
|-------------------|--|----------|-------|---------------|------|--------|------------|-------------|
| SPSADC00010367900 | Tray stand Assembly with wheel | 84879000 | 0 | LOTM2223-2165 | 2.00 | | | |
| | | | | | 2.00 | 0 | 9,843.70 | |
| SPSACBFY01128700 | CARRY BAG FOR BLOOD COLLECTION MONITOR | 42021110 | 0 | LOTM2223-2541 | 4.00 | | | |
| | | | | | 4.00 | 0 | 2,181.82 | |
| Total | | | | | | | | |

Total No Of Carton : INSIDE EQPT BOX

Gross Weight : 0 Kgs Vol Weight : 0 Kgs

Total GST Amount : **** ZERO RUPEES AND ZERO PAISA ONLY

Total Amount : **** ZERO RUPEES AND ZERO PAISA ONLY

0.00

Declaration :

1 Certified that the particulars given above are true and correct and the amount indicated represents the price actually charged and that there is no flow of additional consideration directly or indirectly from the buyer.

2 Certified that all the particulars shown in the above Tax Invoice are correct in all respects and the goods on which the Tax charged and collected are in accordance with the provisions of GST ACT 2017 and the Rules made there under. It is also certified that our registration under GST ACT 2017 is not subject to any suspension/cancellation and it is valid as on the date of this bill.

E.&O.E

Important

For TERUMO PENPOL PRIVATE LIMITED

TAX INVOICE

TERUMO PENPOL Private Limited
 P.B No.6105, 1-2, Jawahar Nagar,
 Thiruvananthapuram-695003
 91 471 7145500
 Fax:+91 471 2721519 E-mail:info@terumopenpol.com
 Terumo Penpol Private Limited
 Maruthankuzhy, Thiruvananthapuram, Thiruvananthapur

Invoice No : TPL/TD/2223/1699 Date : 18-11-2022
 GSTIN : 32AABCT2319K1ZK
 P.O.No, Date: JUN/IFRC/2022/05 Order Date:29/6/2022
 Dispatch Per : CIF Gati
 Terms Of Payment : 30 days from the satisfactory receipt of goods.
 CIN No U33112KL1985PTC004531
 Vehicle No.
 LR/RR No.
 Range :
 Drug License Number: FORM [20B] LICENSE NO. KL-TVM-108170 & FORM [21B] LICENSE NO. KL-TVM-108171

Date & Time of Supply: 18-11-2022
 SSE : Ghulam Ghous - SASM Bihar/Odisha/Jharkhand

Details of Recipient (Bill-To)
 International Federation of Red Cross - Delhi, & Red Crescent Societies (IFRC)
 I, Red Cross Road New Delhi
 Contact No: Ms. Manjari Mahapatra
 GSTIN :
 Drug LIC No:
 Blood Bank License No.: N/A
 Un Registered : Yes

Name and Address of Consignee (Ship-To)
 Regional Blood Bank, Indian Red Cross
 Society Odisha Branch Red Cross Bhubaneswar
 Bhubaneswar - 751022
 Contact No. Ms. C T M Sugama Honey, Secretary :- 9437002441
 Ack No.: Ack Date:

IRN No.:

| Commodity Code | Commodity/Item | HSN | GST % | Batch Exp | Qty | Carton | Unit Price | Gross Value |
|-------------------------|--|----------|-------|-----------|------|--------|-------------|-------------|
| ME-SC203AH | Sterile Connecting Device (Terumo TSCD-II) | 90189032 | 12 | 202208515 | 1.00 | | | |
| | | | | | 1.00 | 1 | 790,000.00 | 790,000.00 |
| Total | | | | | | | | 790,000.00 |
| Total No Of Carton : 01 | | | | | | | IGST Amount | 94,800.00 |

Gross Weight: 10 Kgs Vol Weight: 14 Kgs
 Total GST Amount : **** NINETY FOUR THOUSAND EIGHT HUNDRED RUPEES AND ZERO PAISA ONLY **884,800.00**
 Total Amount : **** EIGHT LAKH EIGHTY FOUR THOUSAND EIGHT HUNDRED RUPEES AND ZERO PAISA ONLY

Declaration :
 1 Certified that the particulars given above are true and correct and the amount indicated represents the price actually charged and that there is no flow of additional consideration directly or indirectly from the buyer.
 2 Certified that all the particulars shown in the above Tax invoice are correct in all respects and the goods on which the Tax charged and collected are in accordance with the provisions of GST ACT 2017 and the Rules made there under. It is also certified that our registration under GST ACT 2017 is not subject to any suspension/cancellation and it is valid as on the date of this bill.

E.&O.E Important **For TERUMO PENPOL PRIVATE LIMITED**
 1. For bills unpaid after due date 18% PA interest will be charged.
 2. Supply of Blood bags to licensed Blood Banks only.
 3. Certificate of Analysis can be download from our website- <https://www.terumoinc.com/certificates>
 Bank Details :
 Bank Account Number : 626205072839
 Bank Name : ICICI BANK LTD, IFSC Code : ICIC0006262
 Authorized Signatory

TAX INVOICE

TERUMO PENPOL Private Limited

P.B No.6105, 1-2, Jawahar Nagar,
Thiruvananthapuram-695003
91 471 7145500
Fax:+91 471 2721519 E-mail:info@terumopenpol.com
Terumo Penpol Private Limited
Maruthankazhy, Thiruvananthapuram, Thiruvananthapuram

Invoice No : TPL/TD/2223/1699 Date : 18-11-2022
GSTIN : 32AAABCT2319K1ZK
P.O.No. Date: JUN/IFRC/2022/05 Order Date:29/6/2022
Despatch Per : CIF Gati
Terms Of Payment : 30 days from the satisfactory receipt of goods.
CIN No UJ3112KL19K5PTC004531
Vehicle No.
LIR/RR No.
Range :
Drug License Number: FORM [200] LICENSE NO. KL-TVM-168170 & FORM [21B] LICENSE NO. KL-TVM-168171

Date & Time of Supply: 18-11-2022
SSE : Ghosm Ghous - SASM Bihar/Odisha/Bharkand

Details of Recipient (Bill-To)
International Federation of Red Cross - Delhi, & Red Crescent Societies (IFRC)
1, Red Cross Road New Delhi
Contact No: Ms. Manjori Mahapatra
GSTIN :
Drug LIC No:
Blood Bank License : N/A
No. :
Un Registered : Yes

Name and Address of Consignee (Ship-To)
Regional Blood Bank, Indian Red Cross
Society Odisha Branch Red Cross Bhubaneswar
Bhubaneswar - 751022
Contact No. Ms. C T M Sugana Hony. Secretary :- 9437002441
Ack No.: Ack Date:

IRN No.:

| Commodity Code | Commodity/Item | HSN | GST % | Batch Exp | Qty | Carton | Unit Price | Gross Value |
|-------------------------|--|----------|-------|-----------|------|--------|--------------|-------------|
| ME-SC203AH | Sterile Connecting Device (Terumo TSCD-II) | 90189032 | 12 | 202206515 | 1.00 | | | |
| | | | | | 1.00 | 1 | 790,000.00 | 790,000.00 |
| Total | | | | | | | | 790,000.00 |
| Total no Of Carton : 01 | | | | | | | IGST Amount: | 94,800.00 |

Gross Weight : 10 Kgs Vol Weight : 14 Kgs

Total GST Amount : **** NINETY FOUR THOUSAND EIGHT HUNDRED RUPEES AND ZERO PAISA ONLY

Total Amount : **** EIGHT LAKH EIGHTY FOUR THOUSAND EIGHT HUNDRED RUPEES AND ZERO PAISA ONLY

884,800.00

Declaration :

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2. Certified that all the particulars shown in the above Tax invoice are correct in all respects and the goods on which the Tax charged and collected are in accordance with the provisions of GST ACT 2017 and the Rules made there under. It is also certified that our registration under GST ACT 2017 is not subject to any suspension/cancellation and it is valid as on the date of this bill.

E.&O.E

Important

1. For bills unpaid after due date 18% PA interest will be charged.
2. Supply of Blood bags to licensed Blood Banks only.
3. Certificate of Analysis can be download from our website- <https://www.terumobcl.com/certificates>

Bank Details :

Bank Account Number : 626205072819
Bank Name : ICICI BANK LTD, IFSC Code : ICIC0006262

For **TERUMO PENPOL PRIVATE LIMITED**

Authorized Signatory

291 3655 ZONE: EAST Date: 17. DEC. 2022

| | | | | |
|---|----------------|----------|---------|------------|
| Customer Name & Address | Contact Person | Tel. No. | Fax No. | Mobile No. |
| BLOOD CENTER, INDIAN Red CROSS Society, ODISHA State Branch, E-mail: Bhubaneswar | | | | |

INSTALLATION DETAILS : Your Order No. & Date : Our Invoice No. & Date : TPL/MD/2223/0546 18.11.2022

| Equipment Details | | | | | | |
|-------------------|-------------|--------------------------|-------------|-------------|--------------------|-------------|
| Equipment Name | Tube sealer | Sterile connector DEVICE | Donor couch | Couch | platelet Incubator | Abitator. |
| Model No. | XC1010 | TSCD-D | DC 200 | PL200 | TC200 | PA 200 |
| Serial No. | 20220766-18 | 202208-515 | 20221034-70 | 20221034-71 | 202209101 | 2022091-624 |
| Warranty Ends on | 16.12.2027 | 16.12.27 | 16.12.27 | 16.12.27 | 16.12.27 | 16.12.27 |

Installation Details

(i) Open the wooden BOX for Donor COUCH & platelet Incubator.

(ii) Open all the ^{packed} carton box & found Equipments are in Good condition, No physical Damage.

(iii) fixed All the accessories & power cable, Checked the performance found OK.

(iv) Demo given to Technical persons.

(v) Installation Completed. Handed over All the documents as well as machines to the User.

| Customer Training Report | | | |
|--------------------------|----------------------------------|--------------------------|-------------------------------|
| Sl. No. | Features | HOD/Blood Bank In-Charge | Bio-Medical Dept / Technician |
| a. | Equipment Handling | Dr. Nehra | |
| b. | Cleaning Operation | | |
| c. | Operation of Equipment | | |
| d. | Essential Preventive Maintenance | | |

Remarks of Customer

1) Equipment is properly installed / demonstrated : Yes / No

2) Service rendered by service Engineer / Technician : Satisfactory / Not satisfactory

3) Any other details / suggestions :

Contact Telephone number for servicing : 9746064404

Service Engineer : SUNIL BISWAL
Signature :
Date : 17.12.22

Customer Name :
Signature / seal :
Date : 18/12/22

GROUP

REMI SALES & ENGINEERING LTD.

Office : Bando House, 4th Floor, 28, Ganesh Chandra Avenue, Kolkata - 700015
 Service Center : 153A, Acharya Prafulla Chandra Road, (Sahitya Parishad), Kolkata-700006
 Office : (033) 2211 6367, Service Helpline No. : +91 84200 05736 (10 am. to 6 pm.)
 E-mail : instservicokolkata@remigroup.com Website : www.remilabworld.com

SR. NO. : **NJS:306**

Visit Report of Mr. **Niljananda Deb**
 Date: **04.11.2022**

Division : Service HQ : Kolkata Mobile No. : **9078965188** COMPLAINT NO. : COMPLAINT DATE :
 Complaint Registration Form enclosed. Left Time : **10AM** Arrival time at Customer : **11AM** Left time from Customer : **4 PM** Arrival time at Home/Office/Hotel/Customer :

| Service Instrument Details | Service Rendered under : | IFR <input type="checkbox"/> | WFR <input type="checkbox"/> | Spares Replaced <input type="checkbox"/> | Spares Required <input type="checkbox"/> | Chargeable <input type="checkbox"/> | Free <input type="checkbox"/> |
|--|---|--|------------------------------|--|--|-------------------------------------|-------------------------------|
| Item : centertype | AMC <input type="checkbox"/> CAC <input type="checkbox"/> | Job completed <input checked="" type="checkbox"/> (Yes) <input type="checkbox"/> (No) | | | | | |
| Model No. : R.8C PLUS | (1) Installation <input checked="" type="checkbox"/> (2) Personalization <input checked="" type="checkbox"/> | Revisit required (Yes) <input type="checkbox"/> (No) <input checked="" type="checkbox"/> | | | | | |
| Sr. No. : 211W-318 04 211W-328 01 | (3) Calibration <input type="checkbox"/> (4) Warranty <input type="checkbox"/> (5) Out of Warranty <input type="checkbox"/> | Reason for Revisit : | | | | | |
| Mfg. Date & Year : 9/22 | If out of manufacturing Guarantee visit charges recovered Amount : | Spares not available <input type="checkbox"/> | | | | | |
| Voltage Stabilizer Type : SEIKO RELAY | Wrong Spares Received <input type="checkbox"/> | Customer deferred services <input type="checkbox"/> | | | | | |
| Capacity (PKA) : | Visit / Service charges will be paid : | Further investigation required & could not correct <input type="checkbox"/> | | | | | |
| Make : | - After receipt of PO as per report <input type="checkbox"/> | Quotation Submitted (Yes) <input type="checkbox"/> (No) <input type="checkbox"/> | | | | | |
| Line Voltage : 236V | - Without receipt of PO <input type="checkbox"/> | Quotation No. : | | | | | |
| Output Voltage : | IQ / QD / PQ Done <input type="checkbox"/> | Quotation Date : | | | | | |
| Calibration Done <input type="checkbox"/> | All Qualification Doc Submitted <input type="checkbox"/> | | | | | | |

Actual Fault Observed in Instrument : **Installation & demo**

Complaint Evaluation : Operational Deficiency Equipment Deficiency

Details of Service Rendered : **checked the machine R.8C PLUS - 2nos fine installation & demo given the customers. Now machine working ok**

Service Engineer Remarks : **Job done & installed the R.8C PLUS - 2nos with rotor no. 584Y15 - 2nos**

Any Critical Observation : Yes No

Customer Remarks : **ok**

Service Engineer's Name : **Niljananda Deb** Service Dept. Remark with Signature : **04.11.22**

Service Engineer's Signature : **[Signature]**

Sales Dept. Remark with Signature : **[Signature]**

| PAYMENT RECEIPT STATUS | |
|-----------------------------------|---------------------------------------|
| Received <input type="checkbox"/> | Not Received <input type="checkbox"/> |
| By Cash <input type="checkbox"/> | By Cheque <input type="checkbox"/> |
| Cheque No. : | Amount : _____ |
| | Date : _____ |

| ADVERSE INCIDENT | | | |
|------------------|--|-----|----|
| Sr. No. | Is there is any indication that the defect resulted in | Yes | No |
| 1 | Medical Intervention | | |
| 2 | Injury to User | | |
| 3 | Death | | |
| 4 | Measured Values Display which were out of tolerance | | |

Customer Signature with Stamp : **[Signature]**
 Date : **04/11/22**
 Name : **[Name]**
 Designation : **[Designation]**
 Indian Red Cross Society
 Orissa State Branch
 Bhubaneswar-76

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

93

IRN : df6df35cc05a2e073eabbcc3f0cc2e594e43c1741706-12027c371640916a3955
 Ack No. : 172211961725068
 Ack Date : 19-Nov-22



Meridian Life Care
 29, FIE, Patparganj Industrial Area
 Delhi-110092
 Phone - 011-40564127
 Drug Licence No: DL - PTG - 123988, 123989
 GSTIN/UID: 07ABDFM4436E1ZH
 State Name : Delhi, Code : 07
 E-Mail : mcaredelhi@gmail.com / accounts@meridianlifecare.com

[Handwritten Signature]

Consignee (Ship to)
IRCS Blood Centre, Bhubaneswar
 Regional Blood Bank, Indian Red, Cross Society
 Odisha Branch Red, Cross Bhawan Bhubaneswar, 751022
 State Name : Odisha, Code : 21
 Contact person : Ms. C T M Suguna Hony
 Contact : - 9437002441

Buyer (Bill to)
International Federation of Red Cross & Red Crescent Societies
 1, Red Cross Road, New Delhi -110001
 GSTIN/UID : 0717UNO00177UNM
 State Name : Delhi, Code : 07
 Place of Supply : Delhi
 Contact person : Ms. Manjari
 Contact : +91-11-23324203/9810525914

| | |
|--|---------------------------|
| Invoice No. MLC/22-23/2145 | Dated 19-Nov-22 |
| Delivery Note | Mode/Terms of Payment |
| Reference No. & Date. | Other References |
| Buyer's Order No. OCT/IFRC/2022/01 | Dated 1-Oct-22 |
| Dispatch Doc No. | Delivery Note Date |
| Dispatched through Santa Fe Moving Services Pvt Ltd. | Destination |
| Terms of Delivery | |

| Sl No. | Description of Goods | HSN/SAC | GST Rate | Quantity | Rate | per | Amount |
|--------------|---|----------|----------|----------|-------------|-----|------------------------|
| 1 | XP - 300 Complete (SA/230V)- AK007119 Batch : C4637 | 90278090 | 18 % | 1 nos | 4,05,000.00 | nos | 4,05,000.00 |
| 2 | ZP100025-Barcode Scanner Batch : G22H53045 | 84716050 | 18 % | 1.00 Set | | | |
| 3 | ZPJ83401621- Cellclean (CL-50) Batch : X2022 Expiry : 29-Aug-23 | 28289090 | 18 % | 1.00 Set | | | |
| 4 | ZPJ97405216 Stromatolyser WH -500ml(Bottle) Batch : X2046 Expiry : 14-Sep-23 | 38220090 | 12 % | 1 BTL | | | |
| 5 | Cellpack (PK-30L), 20L - ZPJ88408711 Batch : X2176 Expiry : 5-Apr-24 | 38220090 | 12 % | 1 nos | | | |
| 6 | UPS-1KVA-24V E2 ON BUILT 9AHx 2BATT Batch : 22GL4483AD009753 | 8504 | 18 % | 1.00 Set | | | |
| | | | | | | | 4,05,000.00 |
| | | | | | | | CGST @ 9% SGST @ 9% |
| | | | | | | | 36,450.00 36,450.00 |
| Total | | | | | | | ₹ 4,77,900.00 |

Amount Chargeable (in words)

Indian Rupees Four Lakh Seventy Seven Thousand Nine Hundred Only

E & O.E

| HSN/SAC | Taxable Value | Central Tax | | State Tax | | Total Tax Amount |
|--------------|--------------------|-------------|------------------|-----------|------------------|------------------|
| | | Rate | Amount | Rate | Amount | |
| 90278090 | 4,05,000.00 | 9% | 36,450.00 | 9% | 36,450.00 | 72,900.00 |
| 84716050 | | 9% | | 9% | | |
| 28289090 | | 9% | | 9% | | |
| 38220090 | | 9% | | 9% | | |
| 8504 | | 9% | | 9% | | |
| Total | 4,05,000.00 | | 36,450.00 | | 36,450.00 | 72,900.00 |

Tax Amount (in words) : **Indian Rupees Seventy Two Thousand Nine Hundred Only**

Company's Bank Details

A/c Holder's Name : **Meridian Life Care**
 Bank Name : **State Bank Of India**
 A/c No. : **39621655079**
 Branch & IFS Code : **Patparganj Indl Estate N.Delhi & SBIN0010553**

Company's PAN : **ABDFM4436E**

Declaration



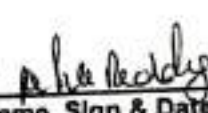
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.



SUBJECT TO DELHI JURISDICTION

This is a Computer Generated Invoice

97

| INSTALLATION REPORT | | |
|---|--|---|
| | | DATE: 9.12.2022 |
| RED CROSS HOSPITAL | | |
| Hospital Name : | Red Cross Blood Bank | |
| Location : | Red Cross Bhawan | |
| Address : | Odisha Bhubaneswar | |
| Tel. : | 0674-2342389 | |
| Email : | IRCSASB@gmail.com | |
| Equipment Sr.No. | | |
| AC Plug wire | 428 | 1 |
| DC Plug wire | 428 | 1 |
| Basket for Storage | 428 | 1 |
| Datalogger | EF 6228102030 | 1 |
| Battery Back | OK | 1 |
| | | Condition |
| | | good |
| | | good |
| | | good |
| | | good |
| | | good |
| | | good |
| TRAINING GIVEN TO | Koushma Das, Vp Nayak, Akhaya Kumar Deeb | |
| OPERATOR | LOCATION INCHARGE | SERVICE ENGG. |
|  |  |  |
| Name, Sign & Date | Name, Sign & Date | Name, Sign & Date |
| Comments: Done the physical Installation of fridge and loggers | | |
| Given Training to users, System is working fine. | | |

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

111

| | | |
|------------------------|------------------|-------------------------------|
| Invoice Number | PO # | Page |
| 9240452395 | JUN/IFRC/2022/04 | 4 / 6 |
| Create Date | Sales Order# | Payment Terms |
| 17.11.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE |
| Inco 1 | Inco 2 | Shipping method |
| Free on Rail/Road Head | Destination | Standard |

TOLL (INDIA) LOGISTICS PVT. LTD.
Mayashree Logistics Centre
Survey No.: 38/4, 40/1, 40/2 p , 45/A, 40/2 p,
Kuxa-Borivali Village, Mumbai-Nashik H/W
421302 TAL, BHIWANDI-DIST. THANE

GSTIN NO-27AABCT3207A1ZZ
Drug License 20B: 181316 / 17.12.2016
Drug License 21B: 181317 / 17.12.2016

For inquiries on invoice
Name: Bheem Dalvi
Tel: 1800 209 7001
Email: bheem.dalvi@thermofisher.com
laboratorysolutions@thermofisher.com

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|--------------|-------------|-----|------------|-------------|
|------|--------------|-------------|-----|------------|-------------|

| | |
|---------------------|------------------|
| Subtotal | 2,130,560.00 INR |
| Total Taxable value | 2,130,560.00 INR |
| Total IGST | 383,500.80 INR |
| Total TCS | 2,514.07 INR |
| Total | 2,516,574.87 INR |

RUPEES TWENTY FIVE LAKH SIXTEEN THOUSAND FIVE HUNDRED SEVENTY FOUR EIGHTY SEVEN PAISE ONLY

112

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

TOLL (INDIA) LOGISTICS PVT. LTD.
 Mayashree Logistics Centre
 Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
 Kuksa-Borivali Village, Mumbai-Nashik H/W
 421302 TAL. BHIWANDI-DIST. THANE

GSTIN NO-27AABCT3207A1ZZ
 Drug License 20B: 181316 / 17.12.2016
 Drug License 21B: 181317 / 17.12.2016

| | | | |
|------------------------|---------------------|-------------------------------|-------------|
| Invoice Number | PO # | | Page |
| 9240452395 | JUN/IFRC/2022/04 | | 3 / 6 |
| Create Date | Sales Order# | Payment Terms | |
| 17.11.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE | |
| Inco 1 | Inco 2 | Shipping method | |
| Free on Rail/Road Head | Destination | Standard | |

For inquiries on invoice
 Name: Bheem Dalvi
 Tel: 1800 209 7001
 Email: bheem.dalvi@thermofisher.com
 laboratorysolutions@thermofisher.com

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|-----------------|--|------|--|----------------------------------|
| 410 | STAB-3K-03-IN | 3 KVA Stabilizer | 2 EA | | FREE |
| | HSN / SAC code: | 90328990 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 420 | STAB-5K-03-IN | Voltage Stabiliser 5 KVA | 1 EA | | FREE |
| | HSN / SAC code: | 90328910 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 440 | 6199-4D | Stainless Steel Interior - 12 cu.ft. Bio | 2 EA | | FREE |
| | HSN / SAC code: | 84798200 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 450 | IN230V16A | CORD ASY, DET 230V 16A INDIA | 1 EA | | FREE |
| | HSN / SAC code: | 90278990 | | Taxable value Integrated GST @ 18.00 % | 0.00 INR 0.00 INR |



Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

TOLL (INDIA) LOGISTICS PVT. LTD.
Mayashree Logistics Centre
Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
Kukse-Borivali Village, Mumbai-Nashik H/W
Mayashree Logistics Centre

153

| Number | PO # | Page |
|-------------------|------------------|-------------------------------|
| 8222 | JUN/IFRC/2022/04 | 6 / 7 |
| Date | Sales Order# | Payment Terms |
| 0.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE |
| Inco 1 | Inco 2 | Shipping Method |
| on Rail/Road Head | Destination | Standard |

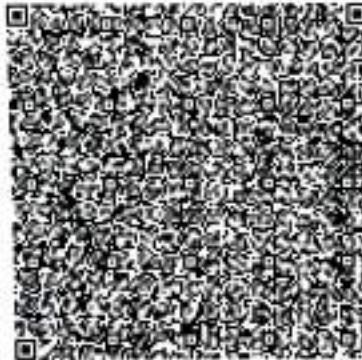
GSTIN NO-27AABCT3207A1ZZ

Drug License 21A: 181316 / 17.12.2016

Drug License 21B: 181317 / 17.12.2016

For inquiries on invoice

Name: Bheem Dalvi
Tel: 91-22-6680 3000
Email: bheem.dalvi@thermofisher.com
laboratorysolutions@thermofisher.com



IRN NO - 965183fd3cd225f3a7af1faeb96fd4a3ffd960df3a2a7c7d0742ebbb6b8c92fd

Remit Payment by EFT

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.
The Hongkong and Shanghai Banking Corporation Ltd
52/50, MG ROAD, MUMBAI-01
BRANCH-MUMBAI/FORT
SWIFT: HSBCIN33INDIA
ACCOUNT# 090-344673-000
RTGS/IFSC Code: HSBC0000000
TFSINDIA AR@THERMOFISHER.COM

For Thermo Fisher Scientific India Pvt.

Authorised Signatory

Whether GST is payable under reverse charge ?

Yes NO

This is a computer generated approved document and does not require physical signature

ThermoFisher
SCIENTIFIC

Regd office Thermo Fisher Scientific India Pvt Ltd, 403-404, B-Wing, Delhi, Hiraniwadi Business park, Powai, Mumbai-400070, Maharashtra, India. E. & O.E.
Tel Free 1800 2222 30 Tel: +91-22-6716 2200 Fax: +91-22-6716 2244. CIN No. U73100MH2000PTC120572 PAN No. AABCT3207A www.thermofisher.com

153

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

TOLL (INDIA) LOGISTICS PVT. LTD.
 Mayashree Logistics Centre
 Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
 Kuksa-Borivali Village, Mumbai-Nashik H/W
 421302 TAL. BHIWANDI-DIST. THANE

GSTIN NO-27AABCT3207A1ZZ
 Drug License 20B: 181316 / 17.12.2016
 Drug License 21B: 181317 / 17.12.2016

| | | |
|------------------------|---------------------|-------------------------------|
| Number | PO # | Page |
| 40448222 | JUN/IFRC/2022/04 | 4 / 7 |
| Create Date | Sales Order# | Payment Terms |
| 30.10.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE |
| Inco 1 | Inco 2 | Shipping method |
| Free on Rail/Road Head | Destination | Standard |

For inquiries on invoice
 Name: Bheem Dalvi
 Tel: 1800 209 7001
 Email: bheem.dalvi@thermofisher.com
 laboratorysolutions@thermofisher.com

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|-----------------|-------------------------------|------|--|----------------------------------|
| | | | | Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR |
| 220 | 75003852 | 2X Quint Blood Adpt XL (2) | 3 EA | | FREE |
| | HSN / SAC code: | 84219100 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 230 | 75003853 | 2X Quint Blood Adpt M (2) | 3 EA | | FREE |
| | HSN / SAC code: | 84219100 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 240 | 75005759 | 4 TARING PLATES FOR CRYOFUGE | 1 EA | | FREE |
| | HSN / SAC code: | 40169990 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 250 | 75007730 | Drain Box (600 x 400 x 50 mm) | 1 EA | | FREE |
| | HSN / SAC code: | 39239090 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |

157

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

TOLL (INDIA) LOGISTICS PVT. LTD.
 Mayashree Logistics Centre
 Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
 Kuksa-Borivalli Village, Mumbai-Nashik H/W
 421302 TAL. BHIWANDI-DIST. THANE

GSTIN NO-27AABCT3207A1ZZ
 Drug License 20B: 181316 / 17.12.2016
 Drug License 21B: 181317 / 17.12.2016

| | | |
|------------------------|---------------------|-------------------------------|
| Number | PO # | Page |
| 40448222 | JUN/IFRC/2022/04 | 3 / 7 |
| Create Date | Sales Order# | Payment Terms |
| 30.10.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE |
| Inco 1 | Inco 2 | Shipping method |
| Free on Rail/Road Head | Destination | Standard |

For inquiries on invoice
 Name: Bheem Dalvi
 Tel: 1800 209 7001
 Email: bheem.dalvi@thermofisher.com
 laboratorysolutions@thermofisher.com

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|--------------|-------------|-----|------------|-------------|
|------|--------------|-------------|-----|------------|-------------|

HSN / SAC code: 84211920
 Taxable value: 2,862,000.00 INR
 Integrated GST @ 18.00 %: 515,160.00 INR
 TCS @ 0.100 %: 3,377.16 INR

Serial Number: 00000000043032816
 180 20190357 POWER CORD 230V/50Hz 32 A 1 EA FREE

HSN / SAC code: 85444299
 Taxable value: 0.00 INR
 Integrated GST @ 18.00 %: 0.00 INR
 TCS @ 0.100 %: 0.00 INR

190 75003855 Hook Adapter M Liners (2) 3 EA FREE

HSN / SAC code: 84219100
 Taxable value: 0.00 INR
 Integrated GST @ 18.00 %: 0.00 INR
 TCS @ 0.100 %: 0.00 INR

200 75003862 HAEMAFlex 12 SW Rotor 1 EA FREE

HSN / SAC code: 84219100
 Taxable value: 0.00 INR
 Integrated GST @ 18.00 %: 0.00 INR
 TCS @ 0.100 %: 0.00 INR

210 75003846 2X Blood Bag Bucket (2) 3 EA FREE

HSN / SAC code: 84219100
 Taxable value: 0.00 INR



152

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

TOLL (INDIA) LOGISTICS PVT. LTD.
 Mayashree Logistics Centre
 Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
 Kukaa-Borivali Village, Mumbai-Nashik H/W
 421302 TAL. BHIWANDI-DIST. THANE

GSTIN NO-27AABCT3207A1ZZ
 Drug License 20B: 181316 / 17.12.2016
 Drug License 21B: 181317 / 17.12.2016

| | | | |
|------------------------|---------------------|-------------------------------|-------------|
| Number | PO # | | Page |
| 40448222 | JUN/IFRC/2022/04 | | 2 / 7 |
| Create Date | Sales Order# | Payment Terms | |
| 30.10.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE | |
| Inco 1 | Inco 2 | Shipping method | |
| Free on Rail/Road Head | Destination | Standard | |

For inquiries on invoice
 Name: Bheem Dalvi
 Tel: 1800 209 7001
 Email: bheem.dalvi@thermofisher.com
 laboratorysolutions@thermofisher.com

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|-----------------|-------------------------------|------|--|--|
| 70 | 6115 | STN.STL.INTER. 23inch UPRIGHT | 1 EA | | FREE |
| | HSN / SAC code: | 49019900 | | Taxable value Integrated GST @ 5.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 80 | FDE50040LV | FDE50040LV; STP ULT; Class II | 1 EA | 719,612.00 | 719,612.00 INR |
| | HSN / SAC code: | 84184010 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 719,612.00 INR 129,530.16 INR 849.14 INR |
| | Serial Number: | 001127452901220809 | | | |
| 100 | 6185 | CHART PAPER-6 | 4 EA | | FREE |
| | HSN / SAC code: | 48234000 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 110 | UI34567H | High End UI Upgrade STP | 1 EA | | FREE |
| | HSN / SAC code: | 85371000 | | Taxable value Integrated GST @ 18.00 % TCS @ 0.100 % | 0.00 INR 0.00 INR 0.00 INR |
| 170 | 75007673 | Cryofuge 16 1P | 1 EA | 2,862,000.00 | 2,862,000.00 INR |

Tax Invoice

THERMO FISHER SCIENTIFIC INDIA PVT. LTD.

Original For Recipient

TOLL (INDIA) LOGISTICS PVT. LTD.
 Mayashree Logistics Centre
 Survey No.: 38/4, 40/1, 40/2 p, 45/A, 40/2 p,
 Kuksa-Borivali Village, Mumbai-Nashik H/W
 421302 TAL. BHIWANDI-DIST. THANE
 Maharashtra INDIA
 LUT No.: AD270222061218C Exp. DI 31/03/2023
 GSTIN/UIN No.: 27AABCT3207A1ZZ

158

| | | |
|------------------------|-----------------|-------------------------------|
| Invoice Number | PO # | Page |
| 9240448222 | JUNIFRC/2022/04 | 1 / 7 |
| Create Date | Sales Order# | Payment Terms |
| 30.10.2022 | 7668300 | NET 30 DAYS UPON INVOICE DATE |
| Inco 1 | Inco 2 | Shipping method |
| Free on Rail/Road Head | Destination | Standard |

TAN : MUMTO8958F PAN : AABCT3207A
 Drug License 20B: 181316 / 17.12.2016
 Drug License 21B: 181317 / 17.12.2016
 Order Type : Normal order

Bill To: 1696139
 International Federation of Red Cross
 and Red Crescent Societies
 1, Red Cross Road, New Delhi
 110001 Delhi
 Delhi India

Ship/Service To: 1703564
 Indian Red Cross Society Bhubaneswar
 Indian Red Cross Society Bhubaneswar
 Red Cross Bhawan Bhubaneswar
 Regional Blood Bank, Indian Red Cross Society Odisha Branch
 751022 Bhubaneswar
 Orissa India

GSTIN / UIN No: 0717UNO00177UNM
 Place of Supply: Delhi
 PAN : AAAT14821R
 Ms. MANJARI MAHAPATRA
 Contact No. 9810525914
 Email ID MANJARI.MAHAPATRA@ifrc.org

GSTIN / UIN No:

| |
|--------------------------------------|
| Payment Due Date: 29.11.2022 |
| For inquiries on invoice |
| Name: Bheem Dalvi |
| Tel: 91-22-6680 3000 |
| Email: bheem.dalvi@thermofisher.com |
| laboratorysolutions@thermofisher.com |

| Item | Material No. | Description | Qty | Unit Price | Total Value |
|------|-----------------|--------------------------------|------|--------------------------|----------------|
| 20 | 6184 | CHART PAPER-6" REC -40 to +25C | 4 EA | | FREE |
| | HSN / SAC code: | 48234000 | | | |
| | | | | Taxable value | 0.00 INR |
| | | | | Integrated GST @ 18.00 % | 0.00 INR |
| | | | | TCS @ 0.100 % | 0.00 INR |
| 40 | 6916-2 | Cert. of Calibration | 2 EA | | FREE |
| | HSN / SAC code: | 90279090 | | | |
| | | | | Taxable value | 0.00 INR |
| | | | | Integrated GST @ 18.00 % | 0.00 INR |
| | | | | TCS @ 0.100 % | 0.00 INR |
| 50 | 6916-5 | QC TEMP GRAPHS | 2 EA | | FREE |
| | HSN / SAC code: | 84716090 | | | |
| | | | | Taxable value | 0.00 INR |
| | | | | Integrated GST @ 18.00 % | 0.00 INR |
| | | | | TCS @ 0.100 % | 0.00 INR |
| 60 | TSX2304BV | TSX REF BLOOD 23cl 230w/50hz | 1 EA | 716,236.00 | 716,236.00 INR |
| | HSN / SAC code: | 84211999 | | | |
| | | | | Taxable value | 716,236.00 INR |
| | | | | Integrated GST @ 18.00 % | 128,922.48 INR |
| | | | | TCS @ 0.100 % | 845.16 INR |
| | Serial Number: | 001142641501220801 | | | |

Thermo Fisher
 SCIENTIFIC

Regd office Thermo Fisher Scientific India Pvt Ltd, 403-404, B Wing, DLF Phase II, Cyber City, Gurgaon, Haryana, India. E & O E.
 Toll Free 1800 2222 30 Tel: +91-22-6716 2900 Fax: +91-22-6716 2244 CIN No: U73100AR-2000-PTC-126872 PAN No: AABCT3207A www.thermofisher.com

163

ASP Stamp:

Report No.: LSI/2022/224228
Service Toll Free No: 1800 222 230
Service Email ID:
ininfo@thermofisher.com

Authorized Service Provider for ThermoFisher Scientific (LSI Division)
SERVICE / INSTALLATION REPORT

| | | | | | |
|--------------------------------------|--------------------------|----------|-------------------|--|------------------|
| CUSTOMER NAME | Indion Red Cross Society | | VISIT DATE | 19/12/2022 | |
| ADDRESS | Red cross Bhowan | | ISM CASE NO. | | |
| CITY | Bhubaneswar | PIN CODE | 751022 | MODEL NO. | TSX1204BV |
| STATE | odisha | | | SERIAL NO. | 1142682601220818 |
| CONTACT PERSON NAME / DEPT. / DESIG. | Hadhya Kumar OCB (TCM) | | INSTRUMENT STATUS | <input checked="" type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input checked="" type="checkbox"/> INSTALLATION <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION | |
| TELEPHONE / MOBILE | 9961413360 | | CALL REASON | | |
| EMAIL | 125506@gmail.com | | | | |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY):

ACTION REQUIRED: Goods received in good condition & Installation successful. equipment working fine & satisfactory. Test Report, Calibration Report, Test Report sheet paper handed over.

JOB COMPLETED YES NO

| DATE | VISIT DETAILS | | HOURS WORKED |
|------|---------------|----|--------------|
| | FROM | TO | |
| | | | |



CUSTOMER FULL SIGNATURE STAMP

Engineer's NAME / Signature

9240452395

Notes (if any):

161

SP Name ASP Stamp:

Report No.: LSI/2022/224232
 Service Toll Free No: 1800 222 230
 Service Email ID:
 ininfo@thermofisher.com

Authorized Service Provider for **ThermoFisher Scientific (LSI Division)**
SERVICE / INSTALLATION REPORT

| | | | | | |
|------------------------------------|--------------------------|----------|-------------------|--|----------|
| CUSTOMER NAME | Ineban Red Cross Society | | VISIT DATE | 19/12/2022 | |
| ADDRESS | Red Cross Bhawan | | ISM CASE NO. | | |
| | | | MODEL NO. | 75007673 | |
| CITY | Bhubaneswar | PIN CODE | 751022 | SERIAL NO. | 43032816 |
| STATE | Odisha | | | | |
| CONTACT PERSON NAME/ DEPT / DESIG. | Ajanta Kumar Deh (Tech) | | INSTRUMENT STATUS | <input checked="" type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT | |
| TELEPHONE / MOBILE: | 916147360 | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input checked="" type="checkbox"/> INSTALLATION | |
| EMAIL: | n.kcpk@gmail.com | | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION | |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY):

ACTION REQUIRED: Model received in good condition & unpacked the equipment installed successfully & working fine & satisfactory. I will provide calibration report, test report hence over.

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | | | |



CUSTOMER FULL NAME SIGNATURE STAMP: [Signature]

Engineer's NAME / Signature: [Signature]

SCIENTIFIC INVOICE NUMBER: 4240448222

Notes (if any):

162

VT. L
58

Name/ASP Stamp:

Report No.: LSI/2022/224230
Service Toll Free No: 1800 222 230
Service Email ID:
ininfo@thermofisher.com

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

SERVICE / INSTALLATION REPORT

| | | | | | |
|-------------------------------------|-------------------------|----------|--|------------|------------------|
| CUSTOMER NAME | Indra Red Cross Society | | VISIT DATE | 19/12/2022 | |
| ADDRESS | Red Cross Bhowan | | ISM CASE NO. | | |
| | | | MODEL NO. | FDES0040LV | |
| CITY | Bhubaneswar | PIN CODE | 751022 | SERIAL NO. | 1127452901220809 |
| STATE | Odisha | | INSTRUMENT STATUS | | |
| CONTACT PERSON NAME/ DEPT. / DESIG. | Ajay Kumar Das (TCM) | | <input checked="" type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT | | |
| TELEPHONE / MOBILE | 9961413360 | | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input checked="" type="checkbox"/> INSTALLATION | | |
| EMAIL | ininfo@thermofisher.com | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION | | |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY)

ACTION REQUIRED
Goods received in good condition & installed successfully. Equipment working fine & satisfactory. To 100% calibration Report, test Report must paper hand over.

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | | | |



| | |
|--------------------------|-----------------------------|
| CUSTOMER SIGNATURE STAMP | Engineer's NAME / Signature |
|--------------------------|-----------------------------|

THERMOFISHER SCIENTIFIC INVOICE NUMBER 9240448272

Notes (if any):

163

| | |
|-----------------------|---|
| ASP Name / ASP Stamp: | Report No.: LSI/2022/224231 Service Toll Free No: 1800 222 230 Service Email ID: ininfo@thermofisher.com |
|-----------------------|---|

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

SERVICE / INSTALLATION REPORT

| | | | |
|--------------------------------------|----------------------------------|-------------------|--|
| CUSTOMER NAME | Indira Red Cross Society | VISIT DATE | 19/12/2022 |
| ADDRESS | Red Cross Bhowan | ISM CASE NO. | |
| | | MODEL NO. | 994 |
| CITY | Bhubaneswar | PIN CODE | 751002 |
| STATE | Odisha | SERIAL NO. | 300541604 |
| CONTACT PERSON NAME / DEPT. / DESIG. | Indira Red Cross Society ICRS | INSTRUMENT STATUS | <input checked="" type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| TELEPHONE / MOBILE: | 9861413360 | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input checked="" type="checkbox"/> INSTALLATION |
| EMAIL: | bcscrbs@gmail.com | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY)

ACTION REQUIRED: Unpacked the equipment, moved the equipment goods received in good condition & installed successfully. Followed calibration Report, check paper, handed over.

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | | | |



CUSTOMER SIGNATURE STAMP: [Signature]

Engineer's NAME / Signature: [Signature]

THERMOFISHER SCIENTIFIC INVOICE NUMBER: 924045238

Notes (if any):

167

| | |
|----------------------|---|
| ASP Name: ASP Stamp: | Report No.: LSI/2022/224233 Service Toll Free No: 1800 222 230 Service Email ID: ininfo@thermofisher.com |
|----------------------|---|

Authorized Service Provider for **ThermoFisher Scientific (LSI Division)**
SERVICE / INSTALLATION REPORT

| | | | | | |
|-------------------------------------|------------------------------|----------|-------------------|--|------------------|
| CUSTOMER NAME | Inclon Red Cross Society | | VISIT DATE | 17/12/2022 | |
| ADDRESS | Red cross Bhowan | | ISM CASE NO. | | |
| | | | MODEL NO. | TSX2304BU | |
| CITY | Bhabaneswar | PIN CODE | 751022 | SERIAL NO. | 1142641501220801 |
| STATE | Odisha | | INSTRUMENT STATUS | <input checked="" type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC | |
| CONTACT PERSON NAME/ DEPT. / DESIG. | Arshita Prerna Dept Jr In | | | <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT | |
| TELEPHONE / MOBILE: | 9161410060 | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input checked="" type="checkbox"/> INSTALLATION | |
| EMAIL: | 125986@gmail.com | | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION | |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY):

ACTION REQUIRED: Goods Received in good condition & unpacked equipment installed successfully & working fine & sat. factory - Talaballa calibration Report Test Report handed over

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | | | |



| | |
|--------------------------------------|-----------------------------|
| CUSTOMER FULL NAME & SIGNATURE STAMP | Engineer's NAME / Signature |
|--------------------------------------|-----------------------------|

THEMATIC INVOICE NUMBER: 9240448222

Notes (if any):

e-Way Bill



165

E-Way Bill No: 7412 9923 5581
E-Way Bill Date: 19/11/2022 04:22 PM
Generated By: 07ABD FM443 6E1ZH - MERIDIAN LIFE CARE
Valid From: 19/11/2022 04:22 PM [1758Kms]
Valid Until: 28/11/2022
IRN: df6df35cc05a2e073eabbcc3f0cc2e594e43c174170612027c371640916a3955

Part - A

GSTIN of Supplier: 07ABDFM4436E1ZH, Meridian Life Care
Place of Dispatch: Delhi, DELHI-110092
GSTIN of Recipient: 0717U NO001 77UNM, International Federation of Red Cross & Red Crescent Societies
Place of Delivery: Odisha, ODISHA-751022
Document No.: MLC/22-23/2145
Document Date: 19/11/2022
Transaction Type: Bill To - Ship To
Value of Goods: 477900
HSN Code: 90278090 - XP - 300 COMPLETE (SA/230V)- AK007119(+5)
Reason for Transportation: Outward - Supply
Transporter: 88AAACD8017H1ZX & DTDC EXPRESS LIMITED

Part - B

| Mode | Vehicle / Trans Doc No & Dt. | From | Entered Date | Entered By | CEWB No. (if any) | Multi Veh. Info (if any) |
|------|-------------------------------------|------------|---------------------|-----------------|-------------------|--------------------------|
| Road | DL01LM8883 & D18334315 & 26/11/2022 | CHATTARPUR | 26/11/2022 10:37 PM | 88AAACD8017H1ZX | - | - |
| Road | DL01LW2399 | Delhi | 19/11/2022 04:22 PM | 07ABDFM4436E1ZH | - | - |



741299235581

JUP

REMI SALES & ENGINEERING LTD.
 Office : Bando House, 4th Floor, 28, Ganesh Chandra Avenue, Kolkata - 700013
 Service Center : 153A, Acharya Prafulla Chandra Road, (Sahitya Parishad), Kolkata-700026
 Office : (033) 2211 6367, Service Helpline No. : +91 84200 05736 (10 am. to 6 pm.)
 E-mail : info@remi.co.in Website : www.remilabworld.com

SR. NO. : N:5-242

Part of Mr. Nityanand Bose Division : Service HQ : Kolkata Mobile No. 9078965193 COMPLAINT NO. 6058 COMPLAINT DATE : 20.7.22
 Complaint Registration Form enclosed.

| Sl. No. | Item Code | Quantity of spare parts | HSN CODE | Qty. | Rate | Am. | GST% | WT/Net | Amount |
|------------------------|-----------|-------------------------|----------|------|------|-----|------|--------|--------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| Total Spares charges : | | | | | | | | | |
| Service charges : | | | | | | | | | |
| TOTAL | | | | | | | | | |

Actual date of supply : Sony - C1C Line Voltage : 230V Without receipt of PO Quotation Submitted [Yes] [No]
 Invoice No. : RTD-2501 Output Voltage : HQ / SQ / PQ Done Quotation No. :
 Date : 30.6.22 Calibration Done AR Qualification Doc Submitted Quotation Date :
 Received Not Received
 By Cash By Cheque Amount Amount Rs
 Cheque No. Date

Actual Test Observed in instrument : Installation & demo
 Complaint Evaluation : Operational Deficiency Equipment Deficiency
 Details of Service Rendered : checked the machine Bcm-Bultra line India Installation & demo given the customer.
 Service Engineer Remarks : New machine working ok. Job done & m/c working ok.

Any Critical Observation Yes No
 Customer Remarks : Installation done
 Service Engineer's Name : Nityanand Bose Service Dept. Remark with Signature : [Signature]
 Service Engineer's Signature : [Signature] Sales Dept. Remark with Signature :
 Date : 29.7.22 Name :
 Designation :
 Adverse Incident Table:
 Sr.No. | Is there any indication that the defect resulted in | Yes | No |
 1 | Medical Intervention | | |
 2 | Injury to User | | |
 3 | Death | | |
 4 | Measured Values Display which | | |
 Customer Signature with Stamp : [Signature]

INSTALLATION REPORT

| | | | | |
|-------------------------------|--|-------------|--------------------------|-------------------|
| CUSTOMER NAME | Regional Blood Bank Red Cross | | FSE/FAS | Arnab Das |
| ADDRESS | Red Cross Bhavan, Bhubaneswar- 751022 | | DATE | 10-01-2023 |
| | | | SAP SO No. | |
| CONTACT PERSON | Guru Prasad Das | | MODEL | Multiskan FC |
| DESIGN & DEPTT. | | | SERIAL NO. | 357-710979 |
| TEL / FAX | 9439598927 | | VISIT TYPE | Warranty |
| EMAIL ID | ircsosp@gmail.com | | JOB TYPE | Installation |
| WEEKLY OFF | | | | |
| Customer PO no. & Date | | | | |
| PROBLEM REPORTED | Installation of Multiskan FC | | | |
| DESCRIPTION OF WORK PERFORMED | | | | |
| | # Checked power supply. Found ok. | | | |
| | # Installed Multiskan FC as per standard procedure. | | | |
| | # Performed self test. Found ok. | | | |
| | # Instrument is working properly. | | | |
| ELECTRIAL CONDITIONS | LINE TO NEUTRAL VOLTAGE | 230 | NEUTRAL TO EARTH VOLTAGE | 1 |
| SPECIAL NOTE | | | | |
| JOB COMPLETED : YES / NO | Yes | | | |
| PARTS DETAILS | | | | |
| SERIAL NO | DESCIPTION | PART NO. | REPLACED | REQUIRED |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| DATE | TRAVEL TIME | TIME ON JOB | | FOR INVITROGEN |
| | | START | END | |
| | | | | <i>Arnab Das</i> |
| | | | | <i>10/01/2023</i> |
| | | | | FOR CUSTOMER |
| | | | | <i>10/01/23</i> |
| GURGAON OFFICE | INVITROGEN BIOSERVICES INDIA PVT. LTD., 872, WEYONG VIHAR, PHASE - II, GURGAON - 122016, HARYANA, PH. : 0224 284300, Email: ServiceIndia@thermo.com | | | |
| BANGALORE OFFICE | INVITROGEN BIOSERVICES INDIA PVT. LTD., PLOT NO. 2, 4TH FLOOR - 2B, TATA WELM DEVIANANDRA INDUSTRIAL AREA, MAHADEVAPUR POST WHITEFIELD, BANGALORE - 560048, PH. 080 43723483, Email: ServiceIndia@thermo.com | | | |
| MUMBAI OFFICE | INVITROGEN BIOSERVICES INDIA PVT. LTD. 403 404, DELTA 3 WING, HRANNANDEVI BUSINESS PARK, POWAI, MUMBAI - 400136, PH - 022 - 68801000, Email: ServiceIndia@thermo.com | | | |
| KOLKATA OFFICE | INVITROGEN BIOSERVICES INDIA PVT. LTD. OMEGA TOWER, BEHANG INTELLIGENT PARK, 3TH FLOOR, PLOT AL, M2 & N2, BLOCK: EP & GP, SECTOR - II, SALT LAKE CITY, KOLKATA - 700055 PH: 033-66887360, Email: ServiceIndia@thermo.com | | | |

194



THERMO FISHER SCIENTIFIC
 Invitrogen Bioservices India Pvt.Ltd
 First Technology Place 3 EPIP, Second Floor,
 Whitefield, Bangalore 560 66, India
 CIN: U73100KA2004PTC035330

APPLICATION TRAINING REPORT

| | | | | |
|---|---------------------------------------|-----------------------------|--------------------|--------------------------------|
| CUSTOMER NAME | Regional Blood Bank Red Cross | | FAS | Arnab Das |
| ADDRESS | Red Cross Bhavan, Bhubaneswar- 751022 | | DATE | 10-01-2023 |
| CONTACT PERSON | Guru Krishna Das | | SAP SO No. | |
| DESIGN & DEPTT. | | | MODEL | Well Wash |
| TEL / FAX | 9439598927 | | SERIAL NO. | 888-711088A |
| EMAIL ID | ircsosp@gmail.com | | VISIT TYPE | Onsite |
| WEEKLY OFF | Sun | | JOB TYPE | Training demonstration |
| Customer PO no. & Date | | | | |
| PROBLEM REPORTED | Training demonstration of Well Wash | | | |
| DESCRIPTION OF WORK PERFORMED | | | | |
| # Training demonstration given on Well Wash instrumentation and software, | | | | |
| # Demonstration was performed using 96 Well Plate. Demonstrated Washing and Aspiration functions and Plate/Strip Setup | | | | |
| # Instrument is working properly. Demonstration of Well Wash is completed successfully. | | | | |
| JOB COMPLETED : YES / NO | | | Yes | |
| SERIAL NO DETAILS : | | | | |
| | Model No. | | Serial/Service Tag | |
| Laptop | | | | |
| RAM, HDD | | | | |
| Mouse | | | | |
| Operating System | | | | |
| External USB DVD Drive | | | | |
| Dell AC Adapter | | | | |
| PARTS DETAILS | | | | |
| SERIAL NO | DESCIPTION | | PART NO. | REPLACED IVGN CUST |
| | | | REQUIRED | |
| DATE | TRAVEL TIME | TIME ON JOB START END | | FOR INVITROGEN |
| | | | | FOR CUSTOMER (sign with Stamp) |
| | | | | <i>Arnab Das</i> 10/01/2023 |
| | | | | <i>Arnab Das</i> 10/01/2023 |
| GURGAON OFFICE 372, LGHOG VILLAGE, PHASE - II, GURGAON - 122 016, HARYANA. PH: 01224 284300 BANGALORE OFFICE (Regd. Off.) INVITROGEN BIOSERVICES INDIA PVT. LTD., PLOT NO. 2, 2ND FLOOR - 26, TATA BYEM VEHVAWANA INDUSTRIAL AREA, MARIKAVAPUR POST WHITEFIELD, BANGALORE - 560 086. PH: 886 4120485, Email: ServiceIndia@thermo.com MUMBAI OFFICE 409-404, 05LPH10 WING, HANUMANGARH BUSINESS PARK, POWAI, MUMBAI - 400116. PH: 022-26101006 KOLKATA OFFICE OMEGA TOWER, BENGAL INTELLIGENT PARK, 5TH FLOOR, PLOT A2, V1 & V2, BLOCK: EP & GP, SECTOR - 8, SALT LAKE CITY, KOLKATA. PHONE: PH: 033 96087100 | | | | |

242

ASP Stamp:

Report No.: LSI/2022/ 224180
Service Toll Free No: 1800 222 230
Service Email ID:
ininfo@thermofisher.com

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

Indian Red Cross Society
SERVICE / INSTALLATION REPORT

| | | | | |
|-------------------------------------|--------------------|----------|-------------------|---|
| CUSTOMER NAME | Raj Goss Bhowan | | VISIT DATE | |
| ADDRESS | Bhubaneswar 751022 | | ISM CASE NO. | TSY1204BV |
| | | | MODEL NO. | 001142701501220823 |
| CITY | odisha | PIN CODE | SERIAL NO. | |
| STATE | Atak Ku Sahu | | | |
| CONTACT PERSON NAME/ DEPT. / DESIG. | 7008512821 | | INSTRUMENT STATUS | <input type="checkbox"/> WARRANTY <input checked="" type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| TELEPHONE / MOBILE: | | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> INSTALLATION <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |
| EMAIL: | | | | |

PROBLEM REPORTED:

SERVICE RENDERED:

| | |
|---------------------------|--|
| CUSTOMER REMARKS (IF ANY) | Goods received in good condition & installed successfully. Report up to manual handling over |
| ACTION REQUIRED | ✓ |

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|--------------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | Atak Ku Sahu | | |

| | |
|---|-----------------------------|
| Indian Redcross Society, Orissa State Branch, Bhubaneswar-2 | Engineer's NAME / Signature |
|---|-----------------------------|

THERMOFISHER SCIENTIFIC INVOICE NUMBER

Notes (if any):

243

ASP Stamp:

Report No.: LSI/2022/ **224183**
 Service Toll Free No: 1800 222 230
 Service Email ID:
 ininfo@thermofisher.com

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

INDIAN RED CROSS SOCIETY
SERVICE INSTALLATION REPORT

| | | | | |
|-------------------------------------|--------------------|----------|-------------------|---|
| CUSTOMER NAME | Red Cross Bhowan | | VISIT DATE | |
| ADDRESS | Bhubaneswar 751022 | | ISM CASE NO. | FDES004066 |
| | | | MODEL NO. | 001127452901220809 |
| CITY | odisha | PIN CODE | | |
| STATE | Alok Ku Sahu | | SERIAL NO. | ✓ |
| CONTACT PERSON NAME/ DEPT. / DESIG. | 7008512821 | | INSTRUMENT STATUS | <input type="checkbox"/> WARRANTY <input checked="" type="checkbox"/> AMC <input type="checkbox"/> CMC |
| TELEPHONE / MOBILE: | | | | <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| EMAIL: | | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> INSTALLATION |
| | | | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |

PROBLEM REPORTED:

SERVICE RENDERED:

| | |
|---------------------------|--|
| CUSTOMER REMARKS (IF ANY) | Goods received in good condition & installed successfully. To/From Report upon mail. calibration Report handed over. |
| ACTION REQUIRED | ✓ |

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | | | |

Alok Ku Sahu

| | |
|---------------------------------|-----------------------------|
| CUSTOMER NAME / SIGNATURE STAMP | Engineer's NAME / Signature |
|---------------------------------|-----------------------------|

Indian Redcross Society,
 Odisha State Branch,
 Bhubaneswar

THERMOFISHER SCIENTIFIC INVOICE NUMBER

Notes (if any):

244

| | |
|---------------------|---|
| ASP Name/ASP Stamp: | Report No.: LSI/2022/224184 Service Toll Free No: 1800 222 230 Service Email ID: ininfo@thermofisher.com |
|---------------------|---|

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

Indian Red Cross Society
SERVICE INSTALLATION REPORT

| | | | |
|-------------------------------------|--------------------|-------------------|---|
| CUSTOMER NAME | Red Cross Bhowani | VISIT DATE | |
| ADDRESS | Bhubaneswar 751022 | ISM CASE NO. | 994 |
| | | MODEL NO. | 300541664 |
| CITY | Odisha | SERIAL NO. | ✓ |
| STATE | Alex Ku Sahu | | |
| CONTACT PERSON NAME/ DEPT. / DESIG. | 7008512821 | INSTRUMENT STATUS | <input type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| TELEPHONE / MOBILE: | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> INSTALLATION <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |
| EMAIL: | | | |

| | |
|-------------------|--|
| PROBLEM REPORTED: | |
| SERVICE RENDERED: | |

| | |
|---------------------------|---|
| CUSTOMER REMARKS (IF ANY) | Goods received in good condition & installed successfully. To 100% R-pat, user manual calibration report handed over. |
| ACTION REQUIRED | ✓ |

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|--------------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | Alex Ku Sahu | | |

| | |
|--|-----------------------------|
| Indian Redcross Society, Orissa State Branch, Bhubaneswar-7. | Engineer's NAME / Signature |
|--|-----------------------------|

| | |
|--|--|
| THERMOFISHER SCIENTIFIC INVOICE NUMBER | |
| Notes (if any): | |

245

| | |
|---------------------|---|
| ASP Name/ASP Stamp: | Report No.: LSI/2022/224179 Service Toll Free No: 1800 222 230 Service Email ID: ininfo@thermofisher.com |
|---------------------|---|

Authorized Service Provider for ThermoFisher Scientific (LSI Division)
Indian Red Cross Society SERVICE INSTALLATION REPORT

| | | | | |
|-------------------------------------|--------------------|----------|-------------------|---|
| CUSTOMER NAME | Red Cross Bhowani | | VISIT DATE | |
| ADDRESS | Bhubaneswar 751022 | | ISM CASE NO. | 75007673 |
| | cut sha | | MODEL NO. | 45032816 |
| CITY | | PIN CODE | SERIAL NO. | ✓ |
| STATE | Alok Kumar Sahu | | | |
| CONTACT PERSON NAME/ DEPT. / DESIG. | 7008512821 | | INSTRUMENT STATUS | <input type="checkbox"/> WARRANTY <input checked="" type="checkbox"/> AMC <input type="checkbox"/> CMC <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| TELEPHONE / MOBILE: | | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> INSTALLATION <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |
| EMAIL: | | | | |

PROBLEM REPORTED:

SERVICE RENDERED:

| | |
|---------------------------|---|
| CUSTOMER REMARKS (IF ANY) | Goods Received in good condition & Installation successful. To do/PO. Report user manual calibration report handed over |
| ACTION REQUIRED | ✓ |

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|-----------------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | Alok Kumar Sahu | | |
| | | | |

| | |
|---|-----------------------------|
| Indian Redcross Society, Orissa State Branch, Bhubaneswar-7 | Engineer's NAME / Signature |
| CUSTOMER FULL NAME / SIGNATURE STAMP | |

THERMOFISHER SCIENTIFIC INVOICE NUMBER

Notes (if any):

246

ASP Name/ASP Stamp:

Report No.: LSI/2022/ 224181
Service Toll Free No: 1800 222 230
Service Email ID:
ininfo@thermofisher.com

Authorized Service Provider for ThermoFisher Scientific (LSI Division)

Indian Redcross SERVICES INSTALLATION REPORT

| | | | | |
|-------------------------------------|--------------------|----------|-------------------|---|
| CUSTOMER NAME | Red Cross Bhowan | | VISIT DATE | |
| ADDRESS | Bhubaneswar 751022 | | ISM CASE NO. | TSX23048V |
| | CITY | cuttaha | MODEL NO. | 1142641501220901 |
| STATE | Odisha | PIN CODE | SERIAL NO. | ✓ |
| CONTACT PERSON NAME/ DEPT. / DESIG. | Alok Ku Sahu (GM) | | INSTRUMENT STATUS | <input type="checkbox"/> WARRANTY <input type="checkbox"/> AMC <input type="checkbox"/> CMC |
| TELEPHONE / MOBILE: | 2005512821 | | | <input type="checkbox"/> PAID <input type="checkbox"/> SALES SUPPORT |
| EMAIL: | | | CALL REASON | <input type="checkbox"/> BD <input type="checkbox"/> PM1 <input type="checkbox"/> PM2 <input type="checkbox"/> INSTALLATION |
| | | | | <input type="checkbox"/> CALIBRATION <input type="checkbox"/> VALIDATION |

PROBLEM REPORTED:

SERVICE RENDERED:

CUSTOMER REMARKS (IF ANY): Goods received in good condition. Installed successfully. To do report. user manual calibration report handed over.

ACTION REQUIRED: ✓

JOB COMPLETED YES NO

| VISIT DETAILS | | | |
|---------------|--------------|----|--------------|
| DATE | FROM | TO | HOURS WORKED |
| | Alok Ku Sahu | | |

CUSTOMER NAME / SIGNATURE: Indian Redcross Society, Odisha State Branch, Bhubaneswar

Engineer's NAME / Signature: [Signature]

THERMOFISHER SCIENTIFIC INVOICE NUMBER

Notes (if any):

270

GSTIN : 19AGRPO7250L2ZU

CHALLAN HELIOS MEDICAL SYSTEMS

Original Copy

105/1, Bidhan Nagar Road, Suncity Commercial Complex, Block-A, Shop No. F4, 2nd Floor, Kolkata - 700067
D.L.No : 121385W & 1193798W
Tel : 9903960342 E-mail : heliosmedicalsystems@gmail.com

Party Details :
HONORARY SECRETARY
BICS-ODISHA STATE BRANCH
RED CROSS BHAVAN, UNIT-IX, PANDIT
JWAMARJAL NEHRU MARG, BHUBANESWAR
PIN - 751022, PH: 2390712
Party GST No :

Shipping Details :
HONORARY SECRETARY
BICS-ODISHA STATE BRANCH
RED CROSS BHAVAN, UNIT-IX, PANDIT
JWAMARJAL NEHRU MARG, BHUBANESWAR
PIN - 751022, PH: 2390712
GST No :

Challan No. : HMS/1040
Quotation Date : 08-03-2023
Place of Supply : Odisha (21)
Order No. : 118 RC ESTT/150/2022
Order Date : 21-03-2023

| S.N. | Product(s) Description | HSN | Mfg/ Mkd By | Batch | Mfg Date | Exp Date | Qty. | Unit | MRP | Disc(%) | Rate |
|------|---|----------|--------------------|-------|----------|----------|------|-------|------|---------|-----------|
| 1. | BLOOD BAG TUBING STRIPPER MODEL: ITS-SL | 90190990 | IMPERIAL BIOTECH | | | | 1.00 | PIECE | 0.00 | 0.00 | 10,650.00 |
| 2. | HORIZONTAL AUTOCLAVE MODEL: MS801 SL NO: M/HP/1624/094/2022 | 841022 | NABAYAN INDUSTRIES | | | | 1.00 | PIECE | 0.00 | 0.00 | 24,900.00 |
| 3. | DOUBLE WEIGHING BALANCE MODEL: J09B-02 SL NO: 16249 | 8423 | IMPERIAL BIOTECH | | | | 1.00 | PIECE | 0.00 | 0.00 | 62,500.00 |

Received 3 items not verified



Please Stamp & Sign With Date





271

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsyste.ms@gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/005

Date: 13-02-2023

1. Place of Equipment Receiving & Installed

| Order Placed By | Name of the department of actual installation |
|--|---|
| Indian Red Cross Society Bhubaneswar-751002 | Indian Red Cross Blood Centre Bhubaneswar-751002 |

2. Details of Purchase order & Supplier Name

| Purchase Order Number | Supplier Details | Supply Details |
|---------------------------------------|--|----------------------------------|
| 118/RC/ESTT/032/2022 dt-21-01-2023 | Helios medical systems Kolkata-700067 | Quotation - HMS/005/2 dt-8-02-23 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|--------------------|----------|---------|----------|-----------|
| DOUBLE PAN BALANCE | IMPERIAL | 10PB-02 | 01 (one) | 162401 |
| | | | | |
| | | | | |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|-------------------------|----------|-----------|---------|
| | CALIBRATION CERTIFICATE | 01 (one) | - | - |
| | | | | |
| | | | | |

5. Demonstration Details

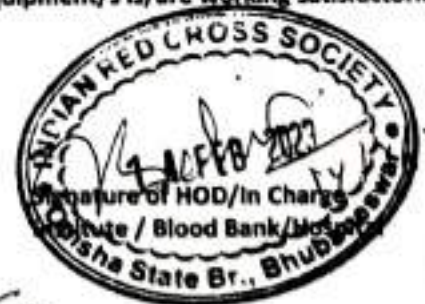
| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| 01 | DR. R.N. BEHURA | | | |
| | | | | |
| | | | | |

6. Details of Warranty & Installation

| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
|----------------------|----------------------|-----------------|-----------------------------|
| 13-02-2023 | 13-02-2023 | 12-02-2026 | 03 (three) years |

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our institution. The above mentioned equipment/s is/are working satisfactorily

Signature of Technical Person
Bidder



13/02/2023

272

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsystems@gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/

Date:

1. Place of Equipment Receiving & Installed

| | |
|---|--|
| Order Placed By | Name of the department of actual Installation |
| Indian Red Cross Society Bhubaneswar- 751002 | Indian Red Cross Blood Centre Bhubaneswar- 751002 |

2. Details of Purchase order & Supplier Name

| | | |
|---------------------------------------|--|----------------------------|
| Purchase Order Number | Supplier Details | Supply Details |
| 18/RCI/ESTT/032/2022 dt-21-01-2023 | Helios medical systems Kolkata-700067 | Challan- HMS/10/21 dt-8-02 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|-------------------------------|---------------------|--------|----------|-----------|
| Blood Bank Tubing stripper | Imperial Bristol | ITS-01 | 01 (one) | |
| | | | | |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|---------------------|-----|-----------|---------|
| | | | | |
| | | | | |

5. Demonstration Details

| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| 01 | Dr. R.N. Bhowra | | | |
| | | | | |

6. Details of Warranty & Installation


| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
|----------------------|----------------------|-----------------|-----------------------------|
| 13-02-2023 | 13-02-2023 | 12-02-2026 | 03 (Three) years |

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our Institution. The above mentioned equipment/s is/are working satisfactorily

Signature of Technical Person
Bidder



Signature of In-charge
Officer / Blood Bank / Hospital



27

HELIOS MEDICAL SYSTEMS

105/1, Bidhan Nagar Road, Suncity Commercial Complex
2nd Floor, Office No: F5, Kolkata- 700 067
Mail: heliosmedicalsyste.ms@gmail.com

SATISFACTORY INSTALLATION CERTIFICATE (SIC)

Installation No : HMS/EQUIP/ODISHA/004

Date: 13-02-2023

1. Place of Equipment Receiving & Installed

| Order Placed By | Name of the department of actual Installation |
|--|---|
| Indian Red Cross Society Bhubaneswar - 751022 | Indian Red Cross Blood Centre. Bhubaneswar - 751022. |

2. Details of Purchase order & Supplier Name

| Purchase Order Number | Supplier Details | Supply Details |
|---------------------------------------|--|-----------------------------------|
| 118/RC-EST/032/2022 dt: 21-01-2023 | Helios medical Systems KOLKATA-700067 | Challan- HMS/10462 dt: 02/02/2023 |

3. Details of Equipment

| Equipment Name | Make | Model | Qty | Serial No |
|----------------------|------------------|--------|----------|---------------------|
| HORIZONTAL AUTOCLAVE | NARAYAN INDUSTRY | MS-801 | 01 (one) | NI/HP/1624/004/2022 |
| | | | | |
| | | | | |

4. Details of Accessories

| Sl | Name of Accessories | Qty | Serial No | Remarks |
|----|-------------------------|-----|-----------|---------|
| 01 | Manual | 01 | — | — |
| 02 | Calibration Certificate | 01 | — | — |
| | | | | |

5. Demonstration Details

| Sl | Name of Participants | Designation | Contact No | Signature |
|----|----------------------|-------------|------------|-----------|
| 01 | Dr. R. N. Behura | | | |
| | | | | |

6. Details of Warranty & Installation

| Date of Installation | Warranty Starts from | Warranty End on | Total Warranty as per order |
|----------------------|----------------------|-----------------|-----------------------------|
| 13-02-2023 | 13-02-2023 | 12-02-2026 | 03 (Three) years |
| | | | |

CERTIFICATION: - Certified that the above mentioned equipment received in good condition and has been installed at our Blood Bank along with all the standard accessories successfully. Satisfactory installation & demonstration and proper training have been imparted at our institution. The above mentioned equipment/s is/are working satisfactorily

