

Ambulance MH-20-CT-1269

WASAN AUTOMOTIVE PVT LTD

Commercial Vehicle Dealer

TATA MOTORS

PROFARMA INVOICE

VAT TIN NO. 27080319713 V
CST TIN NO. 27080319713 C

Phone :6642302 / 6642303
Fax : (0240) 6642327

Customer's Name & Address

Bill No:- WAPL/PR/11-12-0003

Date : 08.11.2011

D.K.M.HOMEOPATHIC MEDICAL COLLEGE & HOSPITAL

GURUGANESH NAGAR, PAHADSINGPURA
TAL. & DIST- AURANGABAD

Particulars	Amount
MODEL :- ARCTIC_WHITE-TATA WINGER AMBULANCE-EIII-W/O S	660049.78
VAT 12.5%	82506.2222
VEHICLE COST	742556.00
HANDLING CHARGES	0.00
CRTEM CHARGES	0.00
LBT	11186.00
*** TOTAL ***	753694.00

In Words : Seven Lac Fifty Three Thousand Six Hundred Ninty Four Only

Thank You

I/WE hereby certify that my/our registration certificate under the maharashtra Value Added Tax Act ,2002 is in force on the date of which the sale of goods specified in this bill/cash memorandum is made by me/us and that the transaction of sale covered by this bill/cash memorandum has been effected by me/us and it shall be accounted for in the turnover of sales while filing of return and the due-tax if any payable on the sale has been paid or shall be paid.

R WASAN AUTOMOTIVE PVT.L'



[Signature]
AUTHORISED SIGNATORY



Delivery Challan

WASAN AUTOMOTIVE PVT. LTD.

Commercial Vehicle Dealer

Gat No, 44, Mouje Nalgoan (Waluj), Nagar Road, Aurangabad - 431 133.

Tel : (0240) 6642302 / 6642303, Fax. : (0240) 6642327

No. 5869 Date 29/11/11
I / We Mr. M/s. D.K.P.M. Homeopathy Medical College
Address Gen. Ganesh nagar Abad
Tq. Aurangabad Dist. Aurangabad Ph. 9823169855
have received TDV model Kingor Ambulance
with GBS.....and.....05 Tyres. 05 rims with

Following description.

Wheel base :

Eng. No. 483 DLTC 55 K47 719103

Chassis No. FIAT 460124 BUK 06833

Colour:

Key No.

Battery Make :

TML Invoice No. & Date :

Hypothecation With : NO HYP

I / We also agree that the vehicle received by us is in good condition & fitted with all tools & With / without Jack, Service book provided as per by TATA MOTORS LTD.

Received the above goods in good order & condition.
Goods once sold will not be taken back or exchanged.
Subject to Aurangabad Jurisdiction only
Octroi if applicabl will be paid by the owner.
E. & O.E.

Blany
Prepared by :

Gate Pass No. 9639

[Signature]
Receivers Signature

Supplemental to the Hire Purchase Agreement

MAHARASHTRA STATE, INDIA

HR-20CT-1269
18-NOV-2011
DKM HOMIOPATHY MEDICAL COLLEGE

MAT460124BUK06833
483DLTC55KY719103

1800
2850
White & Red
1948
1948
4
7 Passenger
Person

Signature of Financier

The Certificate is renewed

Year	Number of Tyres	Type	Description	Registered Axle Weight (Kg)
2	2			
2	2			

Light Motor Vehicle
ATAWINGER AMBULANCE A/G
3200
2011
such agreement the signature of the Principal

18-NOV-2011
16-NOV-2013
18-NOV-2011
Principal
DKM HOMIOPATHY MEDICAL COLLEGE
AURANGABAD - 431 004

signed by Registered Owner

Signature of Registered Owner

Date
18-NOV-2011

Form : 20 (Registration-New)

6219

8890635700 EXE



WASAN AUTOMOTIVE PVT LTD

Commercial Vehicle Dealer

TATA MOTORS

TAX INVOICE

MS, DKMM HOMEOPATHY MEDICAL COLLEGE DKMM
 HOMEOPATHY MEDICAL COLLEGE DKMM HOMEOPATHY
 MEDICAL COLLEGE
 DKMM HOMEOPATHY MEDICAL COLLEGE
 DKMM HOMEOPATHY MEDICAL COLLEGE A/P DIST
 AURANGABAD
 AURANGABAD
 AURANGABAD, 431004
 Maharashtra, India
 Phone No (Res,Off,Mob): , 9823176431
 Customer TTN No :
 A/C Code : 1-6GRJG8B
 DIST, AURANGABAD,,
 AURANGABAD
 AURANGABAD, 431004
 Maharashtra, India
 Phone No (Res,Off,Mob): 9823169855,
 Customer TTN No :
 A/C Code : 1-6GRJFVY

Invoice No : WasanA-AR-1213-02055
 Invoice Date : 12/06/2012
 Model : WINGER AMBULANCE
 Chassis No : MAT460124BUK06833
 Insuranc Co :
 Kms. : 5648
 Vehicle Regn. No : MH20CT1269
 Job Card No. : JC-WasanA-AR-1213-001873
 Job Card Date : 12/06/2012
 Service Request Type : Paid Service
 Customer P.O. No - Date :
 Payment Method : CASH

VAT TIN: 27080319713V

CST TIN: 27080319713C

Sr. No.	Part No/ Job Code	Particulars	Type	UoM	Qty	Rate (Rs)	Dis. (Rs) / Num	Dis. %	VAT %	VAT (Rs)	Amount (Rs)
1	284554500110	ASSY.COMBI SWITCH-PANEL VAN	Warranty	Each	1	1,560.00	0		0.00	0.00	0.00
2	990004	Miscellaneous Activity.ASSY.COMBI SWITCH- PANEL VAN REPLACE	WARRANTY								0.00
3	543050	REPLACE COMBINATION SWITCH	WARRANTY								0.00
2.5 % VAT on Parts :					0.00						
Final Parts Invoice Amount :					0.00						
Parts Not Taxable Amount :					0.00						
											Final Labour Invoice Amount :
											0.00
											Gross Amount :
											0.00
											Adjustments :
											0.00
											Grand Total :
											0.00

Rupees Zero Only.

Terms and Conditions :

- Goods once sold will not be taken back or exchanged except as required by law.
- Only the courts of AURANGABAD shall have jurisdiction in any proceedings relating to this contract.
- I/we hereby certify that my/our Registration Certificate under the VAT Act in force on the date on which the sale of the goods specified in this bill / cash memorandum is made by me/us and that the transaction of sale covered by this bill / cash memorandum has been effected by me/us in the regular course of my / our business. Vehicle / Goods received in good condition and to our satisfaction.

Customer's Signature
 Prepared By : NARAYAN KAVIKAR

For WASAN AUTOMOTIVE PVT LTD

Kavikar
 Authorized Signatory
 Date : 12/06/2012

Gat No. 44, Mouje Naigaon, Nagar Road, (Walu) Aurangabad - 431 133.

Phone : (0210) 2552100, 2552101, Fax : (0210) 2552122, email : wasan@aurangabad.wasan.co.in

Important Notice*

- In the event of a claim, please make sure to call our 24 hours Call Center (from BSNL Lines): 1800225858, (from Airtel / Bharti lines) 18001025858 or 30305858 (RIM) or email at: callcenterpune@bajajallianz.co.in
 - to get your claim registered in our records and the claim number issued for future reference.
 - to know about the claim process and the necessary requirements for faster settlement of claim.
 - to know the approved garage where vehicle is to be taken for quality repair, cashless settlement and other value added services
- Please refer to the Claim Guide copy supplied by your agent for more details on claim settlement process, requirements and the Bajaj Allianz Preferred Workshops list. In case you have not received, please contact our nearest office or the agent.
- Should you decide on garage of your choice, company cannot assure the services such as cash less settlement facility, quality of job or avoid excess or wrong billing by the garage.

MOTOR VEHICLE COVER NOTE

The insured described in Form No. "52" referred to below having proposed for Insurance in respect of the motor vehicle (s) described therein and having paid the sum of Rs. 8565/- as premium, the risk is hereby held covered under the terms of the Company's usual form of C.C.I.D. Policy applicable thereto (subject to any Special condition mentioned below) unless the cover is terminated by the Company by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the premium otherwise payable for such Insurance shall be charged for the time the Company had been on risk.

Registration Number	Registration Authority	Make	Model	Sub Type	Year of Manufacture
NEW	RT-0-Ahad	Tata	Winger	Ambulance	2011
Licensed Carrying Capacity	Insured's declared value	Electrical Accessories	Non Electrical Accessories	CNG / LPG Kit	
Passengers	716009/-				

Engine No 483DLTC55KY719103. Lease / Hire-Purchase / Hypothecation Private Commercial Farmer
 Chassis No 460124BVK06833 Name of the Financier _____
 Additional Risk if any Special Conditions _____
 Add on Package _____

Form 52 (India)
 SEE RULES 142 (1) OF MOTOR VEHICLE RULE 1989

1. Name of Insured DKMM HOMEOPATHIC MED COLLEGE Hospital.
 2. Address of Insured GURUMGANESH NAGAR PAHAD SINGH PURA
AURANGABAD
 State MAHARASHTRA City/Village _____ Pin _____
 3. Telephone Number _____
 4. Period of Insurance From: 03-10-2010 (Time) a.m./p.m. of 05-11-11 To: 04-11-12 Midnight

NOT VALID FOR RISK STARTING BEFORE 10/10/2011 AND AFTER 15/1/2012

5. Person or class of persons entitled to drive
 (i) STAGE CARRIAGE / CONTRACT CARRIAGE / PAY SERVICE VEHICLE / Any person including insured provided that if person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective Learner's License may also drive the vehicle when not used for transport of the passengers at the time of the accident and that such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rules 1989
 (ii) GOODS CARRIAGE: Any person including insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective Learner's License may also drive the vehicle when not used for the transport of good at the time accident; and that such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rules 1989
 (iii) NONTRANSPORT VEHICLES: Any person including insured provided that a person driving holds a driving effective license at the time of accident and is not disqualified from holding or obtaining such a license provided also that the person holding an effective Learner's License may also drive the vehicle and such a person satisfies requirements of Rule 3 of the Central Motor Vehicle Rule 1989

6. Date of Issue 05/11/11 Time 03:40 p.m.
 7. Limitation as to use (see over leaf)
 8. The period of this Cover Note will expire on completion of 90 days from the date of issue.
 9. THE COVER NOTE BECOMES VOID AS INITIO IN CASE OF DISHONOUR OF PREMIUM CHEQUE

10. Premium Calculation

Basic (OD Premium)	8520
Electrical Accessories	-
Non-Electrical Accessories	-
LPG/CNG Kit	-
NCB %	-
Third Party Premium	1350
Owner Driver Cover	-
Paid Driver	25
Passengers	-
Add on Package	-
Net Premium	8520 + 7765 = 16285
Service Tax as applicable	834 + 799.8 = 1633.8
Final Premium	8565/-

IMD Code: 10005415
 Sub IMD Code: _____
 Payment Details: Cash / Cheque / Others (Enter out which is not applicable)
 Cheque No: 822153
 Cheque Date: 31/11/11
 Bank: The Cosmos Co-op Bank Ltd
 Others: _____
 Deductible: Additional Rs. _____ Voluntary Rs. _____

IMPORTANT: I/We declare that I/we have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim has arisen in the existing policy period (copy of the policy enclosed). I/We further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section 1 of the policy will stand forfeited. I/We hereby agree to confirm within 7 days from issuance of policy in case of any objection or disagreement with the above.

IMPORTANT: I/We hereby agree and undertake to receive one page policy document, without enclosing the terms and conditions of policy, and I/we hereby authorize company that all terms and conditions of policy can be displayed in the website of company. The salient features of the policy, terms and conditions of this cover note have been explained to me/us in vernacular language, and I/we agree to the same.

Bajaj Allianz General Insurance Co. Ltd.
 Near L.I.C. Building
 (Authorised Insurer) Duty Constituted Agency (s) Angabad-431 001
 IF YOU DON'T RECEIVE YOUR POLICY CONTRACT WITHIN 7 (SEVEN) DAYS FROM ISSUANCE OF THIS COVERNOTE / THERE IS ANY OTHER DISCREPANCY IN THE POLICY CONTRACT, PLEASE DIRECTLY CALL 1800225858 FOR CLAIM NUMBER AND TO PROVE


Signature of the Insured
 This covernote is issued basing on information and declaration provided by you and the transcript whereof is being dispatched with the Policy.

2
106116

TAX INVOICE

SOHAMM MOTORS PLOT NO. C-28, MIDC AREA, CHIKALTHANA AURANGABAD - 431006 0240-2474345 / 9326043612 / Email Id:-sohamm.ws@gmail.com		Doc No 873	Dated 15/06/2016
Customer D.K.M.M. HOMEOPATHIC & HOSPITAL AURANGABAD. 9823176431		Booklet No.	Terms Of Payment
		Job Card No. 908	Dated 15/6/2016
		Requisition No. 4651	Dated 15/6/2016
		Vehicle No. MH12CT1269	K. M.
		Vehicle Model TATA WINGER Item Code PAID SERVICE DONE.	

Sr.	Description of Goods	Quantity	Rate/Unit	Tax	Amount
1	OIL FILTER.	1.00	311.11 Nos	12.50 %	311.11
2	OIL FILTERI.	2.00	133.33 Nos	12.50 %	266.66
3	GENUINE DIESEL ENG. OIL	6.50	222.22 Nos	12.50 %	1,444.43
4	PAID SERVICE CHARGES	1.00	800.00 Nos	15.00 %	800.00
		Qty	10.50	Total	2822.20

I /We hereby certify that my/our registration certificate under the Maharashtra Value Added Tax Act 2005 is in force on the date on which the sale of goods specified in this Tax Invoice made by me/us and that the transaction of sale covered by this tax invoice has been effected by me/us and it shall be accounted for in the turnover of sales while filling of return and the due tax. If any, payable on the sale has been paid or shall be paid. Subject to Aurangabad jurisdiction Service Tax No.:-AALPZ5779LSD001 27021086240-V 24% interest p. a. after due date. Warranty void if cheque bounces or signature removed from our product. Received in good condition	VAT 4 % on VAT 5 % on VAT 12.5 % on 2,022.20 252.77 Service TAX 15% 800.00 120.00 Rounding 0.03 Net Amount 3,195.00 Authorised signatory  SOHAMM MOTORS
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ABHAI TYRE SERVICE. C/O ABHAI TYRE HOUSE

NR.YASHODEEP HOTEL, SEVEN HILLS FLY OVER,
JALNA ROAD,
AURANGABAD

Phone Number: 0240-6629111, 2337221

Fax Number: EMAIL - ATHABAD@YAHOO.COM

Customer:	Date: 19-01-2016 19:11
Company:	VIN
License NO: MH20CT1269	Technician:
Odometer: 28330	Order NO:

WAWST
②

VEHICLE ALIGNMENT REPORT
TATA, 2005, WINGER (Customized)

Primary Angles			Initial	Specifications		Final
				Min.	Max.	
Front	Caster	Left	1°09'	2°30'	4°30'	1°10'
		Right	1°21'	2°30'	4°30'	1°21'
	Camber	Left	0°06'	-0°40'	1°20'	0°03'
		Right	0°16'	-0°40'	1°20'	0°16'
	Toe	Left	-4.8mm	0.6mm	0.9mm	0.7mm
		Right	7.5mm	0.6mm	0.9mm	0.8mm
Rear	Camber	Left				
		Right				
	Toe	Left				
		Right				
	Total					
Thrust Angle						
Secondary Angles			Initial	Specifications		Final
				Min.	Max.	
SAI	Left		8°59'	----	----	8°59'
	Right		9°52'	----	----	9°52'
Included Angle	Left		9°05'	----	----	9°02'
	Right		10°08'	----	----	10°08'
Toe Out On Turns	Left					
	Right					
Max Turn Inside	Left		----	----	----	----
	Right		----	----	----	----
Toe Curve Change	Left					
	Right					
Setback	Front					
	Rear					
Track Width Diff.						
Wheel Base Diff.						
Front Ride Height	Left					
	Right					
Rear Ride Height	Left					
	Right					
Frame Angle						

NOTE - ENTITLED FOR 2 ALIGNMENT CHECKUP WITHIN 60 DAYS.



Bajaj Allianz General Insurance Company Ltd.
 GE Plaza, Airport Road, Yerwada, Pune - 411006(India)
 CERTIFICATE CUM POLICY SCHEDULE

Policy Servicing Off: 1st and 2nd floor, Rajendra Bhavan,, Next To LIC Building,, Adalat Road,, Aurangabad-431001 Phone No :0240-6610921

Policy Number OG-16-2006-1811-00000190 Product Commercial Vehicle - Class D

Vehicle Type Miscellaneous & Special Types Of Vehicles

Period Of Insurance From: 20-Nov-2015 16:50 Policy Issued on 24-Nov-2015 -
 To: 19-Nov-2016 Midnight Cover Note No /

Application No Scrutiny No 50122859

Insured Name DKMM HOMEOPATHIC MED COLLEGE AND HOSPITAL Zone C

Insured Address GURUGANESH NAGAR, PAHADSINGH PURA,,AURANGABAD, AURANGABAD - 431001

Customer ID 41489670 Premium Payer ID 41489670

Transaction Id
 Policy Status ISSUED

Registration No.	Make	SubType	Model	CC	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH20CT1269	TATA	AMBULANCE BS-III (9 STR)	WINGER LUXURY	0	2011	1	460124BUK06833	483DLC55KYY719103

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
373761	0	0	0		0	373761

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	2423.266	Basic Third Party Liability	2790
		LL For Operation/Maintenance For 1 Person	50
		Total Liability Premium:	2840
Total premium	5263.266		
Special Discount	0		
Net Premium	5263		
Service Tax	737		
Swachh Bharat/Edu. Cess	26		
Final Premium Rs.	6026	***All premium Figures are in Rupees	

Geographical Area : INDIA No Claim Bonus : -45% Voluntary Excess : Nil
 Compulsory Deductible : Rs.2000 Additional Compulsory Deductible : Rs.0
 Previous Insurer - Bajaj Allianz General Insurance Co Ltd. Previous Policy No -OG-15-2006-1811-00000287
 Expiry On - 14-NOV-15

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-(ii) of the policy -> Damage to Third Party Property: Rs.750000/-

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for: Organised racing, Pace Making, Reliability Trials, Speed Testing

DRIVER : "Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989."

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".
 Subject To IMT Endorsement Nos : 21, 39, & Policy wordings attached herewith

Agency Code BAG10005415	Channel Name : ML
Agency Name : Kapil Ashok Chordiya	
Contact No : 0/9422210378	
Email - kapil.chordiya@general.bajajallianz.co.in	

Damage Details as per Annexure I
 Premium Collection Details :- [Receipt No/Collection No/Amount] 2006-00204594 / 50122859 / Rs. 0026.
 *** If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.
 This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.
Damage Details Annexure : RIGHT BODY-DENTED, LEFT BODY-DENTED. Preinspection No : 2015-01856126
 Remarks

In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'customercare@bajajallianz.co.in'.
 50122859/10005415/0/-

This is a one page Policy Document (without enclosing the Terms and Conditions (TAC)) of the policy. The TAC of the Policy are available on the Company's website and can be accessed by the Insured to the authorization of Insured to display the TAC of the Policy on its website (www.bajajallianz.com) that enables access by the Insured. The Insured shall be responsible for the same.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Aasham Godh
 Authorized Signatory

Printed, Signed and Executed at Pune



Consolidated stamp Duty paid vide Receipt No : 28 dated 23-OCT-15

Bajaj Allianz General Insurance Company Ltd.

1st and 2nd floor, Rajendra Bhavan, Next To LIC Building, Adalat Road, Aurangabad - 431001 Contact
No: 0240-6610921,9503019983; Fax No: 0240-2324254

RECEIPT

Receipt Number 2006-00264594
Receipt Date 24/11/2015
Business Channel ML

Received with thanks from DKMM HOMEOPATHIC MED COLLEGE AND HOSPITAL
(Customer ID : 41489670) a total sum of Rupees Six Thousand Twenty Six Only by,

Instrument Type	Inst./Ref No	Instrument Date	Bank Name	Branch Name	Amount
Cheque	062294	16/11/2015	BANK OF MAHA-RASHTRA	UNIVERSITY BR., AURANGABAD - 431 004	6,026

Total Amount Rs. **6,026.00**

Note : SCR NO 50122859

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realization of the instrument.

For & on behalf of
Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory



Regd. Office: GE Plaza, Airport Road, Yerwada, Pune - 411006

CIN:U66010PN2000PLC015329; E-mail: customercare@bajajallianz.co.in; Website: www.bajajallianz.com

