# Ambulance MH-20-CT-1269



# WASAN AUTOMOTIVE PVT LTD

TATA MOTORS

Commercial Vehicle Dealer

#### PROFARMA INVOICE

VAT TIN NO. 27080319713 V CST TIN NO. 27080319713 C Phone:6642302/6642303 Fax :(0240) 6642327

D.K.M.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%	82506.222
VEHICLE COST	742556.0
HANDLING CHARGES CRIEM CHARGES	0.0 0,0
	11188.0
· >	
*** TOTAL ***	753694.0

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 ( which the sale of goods specified in this bill/cash memorandum is made by me/us and that the transaction of sale covered by the 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.

Delivery Challan

0)

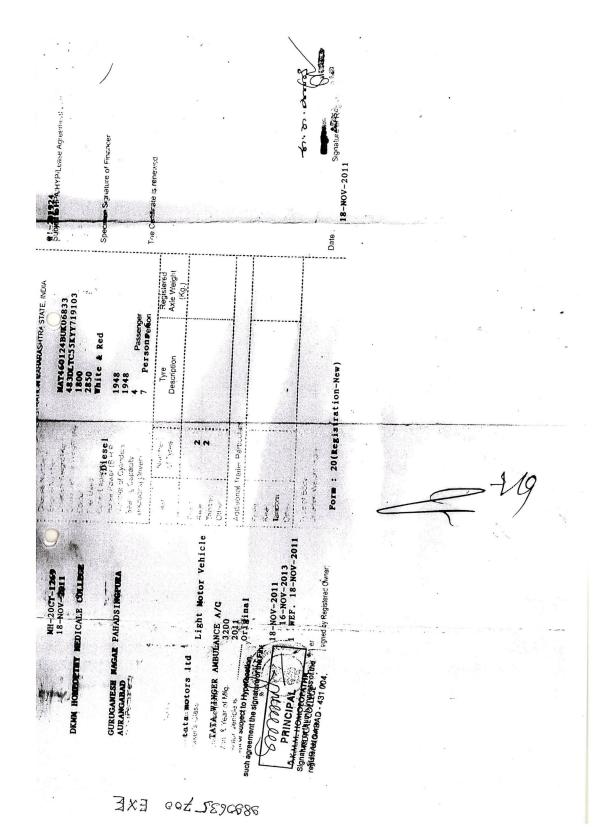
# WASAN AUTOMOTIVE PVT. LTD.

# Commercial Vehicle Dealer

Tel: (0240) 6642302 / 6642303, Fax.: (0240) 6642327
No. 5863 * * Date @ 1/11/11
1/ We Mr. M/s. DK MM Homeo pathy predict collage
Address Gira Genesh magan Abad
To Alreyabled Dist Perengabled Ph 9823169855
have received TDV model Kinger Ambulance
with GBS and O.5 Tyres O.5 rims with
Following description.
Wheel base:
Eng. No. 483 01 To 50 10
Eng. No. 483 OLTC 55 KM7 710103
Chassis No. PIAT 460124 BUK 66833
Key No.
Battery Make :
TML Invoice No. & Date :
Hypothecation With:
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 applicabli will be paid by the owner. E.& O.E.
E.A O.E.
Stray.
Prepared by: Gate Pass No. <u>9639</u> . Receivers Signature



	e Agreement with			į
	Subject to HPAIHYPPLess Subject to Signature of Fir	The Certificate is renewed	Darts: 18-NOV-201	Acceptance of the second
<u>o</u>	, code 33 (771910.3*	Regulated Affe Weight (Kgr)		····
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#### TAX INVOICE

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DKMM HOMEOPATHY MEDICAL COLLEGE A/P DIST AURANGABAD AURANGABAD AURANGABAD, 431004 Vaharashtra, India Phone No (Res,Off,Mob): , , 9823176431 Dustomer TIN No : Code: 1-6GRJG8B DIST, AURANGABAD, AURANGABAD AURANGABAD, 431004 Maharashtra, India Phone No (Res, Off, Mob): 9823169855, Dustomer TIN No:

Invoice No: WasanA-AR-1213-02055 Invoice Date: 12/06/2012

Model: WINGER AMBULANCE Chassis No: MAT460124BUK06833 Insurance 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

A/C Code: 1-6GRJFVY VAT TIN: 27080319713V 5r. Part No. CST TIN: 27080319713C Job Code 1,560.00 0.00 0.00 0.00 ASSY, COMBI SWITCH PANEL Warran 284554500110 VAN 0.00 WARRANT 990004 Miscellaneous Activity. ASSY. COMBI SWITCH-PANEL VAN REPLACE 0.00 REPLACE COMBINATION SWITCH WARRANT 543050 2.5 % VAT on Parts : 0.0 Final Labour Invoice Amount : 0.00 0.00 Paris Not Taxable Amount: Gross Amount:

Rupees Zero Only. Rupees Zero Only.

Terms and Conditions:

1) Goods once sold will not be taken back or exchanged except as required by law.

2) Only the courts of AURANGABAD shall have jurisdiction in any proceedings relative to the force on the date on which the sale of the goods specified in this bill / cash memor 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.

ade by me'us and that the transaction of sale covered by this bill / cash

POT WASAN AUTOMOTIVE I

Adjustments: Grand Total:

E. & O. E.

Customer's Signature
Prepared By : NARAYAN KAVIKAR

Bajaj Allianz General Insurance Company Limited Reqd. Office: GE Plaza, Airport Road, Yerwada, Pune 411 006.

#### MC1002260673

Important Notice\*

1. In the event of a claim, please make sure to call our 24 hours Call Center (from BSNL Lines): 1800225858, (from Airtel / Bhardi lines) 18001025858 or 30305858 (RIM) or email at : callcenterpune@bajajalianz.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 wehicle is to be taken for quality repair, cashless settlement and other value added services

2. 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.

3. Should you dedde on garage of your choice, company cannot a source the services such as cash less settlement facility, quality of job or avoid excess or wrong billing by the garage.

	Registration Authority	Make	Model	Sub Type	BI PORT A BUSINESS
Registration Number	R.T.A.A.	Tata	ואו חיובי	> Amb wand	900
NEW	TO T	1 -1 -1			
Licensed Carrying Capacity  Goods Passengers	Insured's declared value	Electrical Acc	essories	Non Electrical Accessories	CNG / LPG Kit
	7160091-				
			Lease / Hire-Purchase /	Hypothecation Private	Commercial Farm
	TC55 KYY71910	5.3.	Cease / rime-roranse /		
Chassis No 460 124	BUK06833				
Additional Risk if any Special Condit	ions		Name of the Financier		
Add on Package		5 - 52 (1-41-)			pital.
	SEE	Form 52 (India) RULES 142 (1) OF MOTOR VE	HOLE RULE 1999	HOS	Pile
1. Name of Insured DK	MM HOMEOPA		GAGOLI	E G E X 1.a DOB	U U M M Y
2. Address of toward (2) (1)	First Name	Middle Name	LALMAING	Remo	
2. Address of Insured G V I	RUMGANESHI	JAGAR P	AHADS	INGH PUR	
AUI	RIAINGIAIBIAIDI	Ot	y/Village	Pi	
State MAH	ARASHIRA. 2.	a Occupation : Business	Service Student	House wife Retired	Other
3. Telephone Number		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
4. Period of Insurance From:	5 = 00 (Time) a.m./p.m. of	05-11-11	TO 1 0 4+ 1	Midnight	******
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Please see overleaf for conditions

ORIGINAL TO INSURED



# TAX INVOICE

Page 1 of 1

					Page 1 of 1
SOHAMM MOTORS		Doc N	lo	Dated	Time
PLOT NO. C-28, MIDC AREA, CHIKALTHANA			873	15/06/2016	
		Bookl	et No.	Terms Of Paym	ent
AURANGABAD - 431006					•
0240-2474345 / 9326043612 /		Job Ca	rd No.	Dated	
Email Id:-sohamm.ws@gmail.com		908		15/6/2016	
Customer			ition No.	Daled	
D.K.M.M. HOMEOPATHIC & HOSPITAL	,	4651	itton 140.		
AURANGABAD.	4			15/6/2016	
*		Vehicl	e No.	K . M.	
		MH1:	2CT1269		
9823176431		Vehicle	Model	TATA WINGE	R
7023170431		Item C	ode PAID SERVIC		
Sr. Description of Goods	Q	uantity	Rate/Unit	Tax	Amoun
OIL FILTER		1.00	311.11 Nos	12.50 %	311.11
2 OIL FILTER1.		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	1.00	800.00 Nos	15.00 %	800.00
(e) ck			e serimani ilgaringe		
Qty		0.50		Total	2822.20
/We hereby certify that my/our registration certificate under /alue Added Tax Act 2005 is in force on the date on which the	the Mah	arashtra	VAT 4 % o		
pecified in this Tax Invoice made by me/us and that the tra	nsaction	of sale	VAT 5 % o	n	
overed by this tax invoice has beed effected by me/us and it sha	all be ac	counted	VAT 12.5 % o	n 2,022.20	252.77
or in the turnover of sales while filling of return and the due tax	. If any,	payable	Service TAX 159	6 800.00	120.00
n the sale has been paid or shall be paid.				Rounding	0.03
ubject to Aurangabad jurisdiction			Net A	mount	3,195.00
ervice Tax No.:-AALPZ5779LSD001				THE STATE OF THE S	-,,,,,,,,,,,
7021086240-V			Authorised signatory	1	
4% interest p. a. after due date. Warranty void if cheque bounces or sigom our product.	nature ren	noved	(A	( New Y	
eccived in good condition			SOHAMM MOTO	Re	





#### ADDAT TIRE SERVICE. U/U ADDAT TIRE HUUSE

#### NR.YASHODEEP HOTEL, SEVEN HILLS FLY OVER,

## JALNA ROAD,

AURANGABAD

Phone Number: 0240-6629111, 2337221

Fax Number: EMAIL - ATHABAD@YAHOO.COM
Customer: Date: 19-01-20

19-01-2016 19:11 Company: VIN License NO: MH20CT1269 Technician: Odometer: 28330 Order NO: VEHICLE ALIGNMENT REPORT TATA, 2005, WINGER (Customized) **Primary Angles** Initial Specifications Final Min. Max Caster Left 1°09' 2°30' 1°10' 4°30' Right 1°21' 2°30' 4°30' 1°21' Left Camber 0°06' -0°40' 1°20' 0°03' Front Right 0°16' -0°40' 1°20' 0°16' Left Toe -4.8mm 0.6mm 0.9mm 0.7mm Right 7.5mm 0.6mm 0.9mm 0.8mm Total Left Camber Right Left Toe Rear Right Total Thrust Angle Initial Specifications Final Secondary Angles Min. Max. 8°59' Left 8'59' SAI Right 9°52' 9'52' Left 9°05' 9'02' ----Included Angle Right 10°08 Left Toe Out On Turns Right Left --------Max Turn Inside Right Left Toe Curve Change Right Setback Front Rear Track Width Diff. Wheel Base Diff. Left Front Ride Height Right Rear Ride Height Left Right

NOTÉ - ENTITLE FOR 2 ALIGNMENT CHECKUP WITHIN 60 DAYS.

Frame Angle





## BAJAJ Allianz (ii)



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

OG-16-2006-1811-00000190

Product

Commercial Vehicle - Class D

Policy Number Vehicle Type

Miscellaneous & Special Types Of Vehicles Period Of Insurance

From: 20-Nov-2015 16:50

24-Nov-2015 -

**Application No** 

To: 19-Nov-2016 Midnight

Cover Note No Scrutiny No

Policy issued on

Insured Name

DKMM HOMEOPATHIC MED COLLEGE AND Zone HOSPITAL

50122859

Insured Address

GURUGANESH NAGAR, PAHADSINGH PURA, "AURANGABAD, AURANGABAD 431001

Customer ID 41489670

Premium Payer ID Transaction Id

41489670

					, ,	mcy olaws		ISSUED	
	Registration No.	Make	SubType	Model	СС	Mfg year	Seat Cap	Vehicle/Trailer	Engine Number
. M	1H20CT1269	TATA	AMBULANCE BS-III (9 STR)	WINGER LUX- URY	0	2011		460124BUK0683	483DLTC55KYY

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
373761	0	0	0	0.000 to 10.000	0	373761
			KATIEKTIT	AN ARMITTAL		010101

100	LIABILITY	100
2423.266	Basic Third Party Liability	2790
	LL For Operation/Maintenance For 1 Person	50
	Total Liability Premium:	2840
5263.266		
0	Exp.	
5263		
737	<del>-</del>	
26	N Shore	
6026	***All premium Figures are in Rupees	
	5263.266 0 5263 737 26	2423.266

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 (Automoble Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tution, Fibre Glass, Cng/Lpg Unit, Geographical Extn. Imported Vehicle etc wherever applicable)

son,Dirver Tution,Fibre Glass,Cng(Lpg Unit,Geographical Exth,Imported Vehicle act wherever appricable)
LIMITS OF LIBBLITY: Under Section II-1(i) of the policy -> Death of or botily injury: Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-1(ii) of the policy -> Death of or botily injury: Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-1(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 ORIVER: : "Any person including the insured: Provided that a person driving holds an effective Learning licence at the time of the accident and is not disqualified from holding or obtaining such a hierone. Provided as that the person holding and reflective Learner (since may also drive the vehicle when not used that can be a substantial provided that a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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 Subject To IMT Endorsement Nos: 21, 39, 8 Policy wordings attached herewith

Agency Code BAG10005415

Agency Name: Kapil Ashok Chordiya

Contact No: 0/9422210378

Email - kapil.chordiya@general.bajajallianz.co.in

Premium Collection Datalis - (Receipt No/Collection No/Amount) 2006-00204584 / 50122859 / Rs. 0020.
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 RODY-DENTED, LEFT RODY-DENTED. PreInspection No.: 2015-01856126

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/-

Duty Re 0.25

Printed , Signed and Executed at Pune

ated stamp Duty paid vide Receipt No: .29 dated 23-OCT-15

Channel Name: ML

Regd. Office: GE Plaza, Airport Road, Yerawada, Pune - 411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by insurance Regulatory and Development Authority of India (IROA) vide Reg No.113, Corporate Identification Number U66019PN2000PLC015329.Service Tax Reg. No. AABCB5730G-ST-001 - Latest Schedule - 25-Nov-2015 12:25:42 PM (Web)

Burgel Allegar Graners server man C. monapay

### 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** 

MI

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** 

De ·

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 realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company L

Authorised Signatory

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

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

# MC1002260673

to the control of the	important Notice*		· · · · · · · · · · · · · · · · · · ·	
In the event of a claim, please make sure to call our 24 hours Call Center	(from BSNL Lines): 1800225858	(from Airtel	/ Rharti lines) 18001025858 or 20205858	(DISA) as
email at : caficenterpune@bajajallianz.co.in	, , , , , , , , , , , , , , , , , , , ,	(	/ Grand anies/ 10001023030 Or 30303030	(KIM) OI

email at: califementpune@bajajalianz.co.in

10 get your daim registered in our records and the claim number issued for future reference.

10 know about the claim process and the necessary requirements for faster settlement of claim.

10 know the approved garage where vehicle is to be taken for quality repair, cashless settlement and other value added services.

2. Please refer to the Claim Culde copy supplied by your gent for more details on daim settlement process, requirements and the Bajaj Allianz Preferred Workshops list. In case you have not received, please contact our nearest office or the agent.

3. Should you decide on garage of your choice, company canner assure the supplications and the said of the control of the control

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