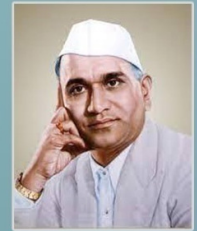




Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
Panchavati Nashik, 422003



## SELF STUDY REPORT CYCLE - 1



### **Criterion 2- Teaching- Learning and Evaluation**

#### **Key Indicator – 2.3. Teaching- Learning Process**

- 2.3.2. Institution facilitates the use of Clinical Skills Laboratory /  
Q<sub>n</sub>M Simulation Based Learning**



Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
Panchavati, Nashik-422003

Patient Simulators for Simulation-Based Training

**INDEX**

<b>Sr.No.</b>	<b>Particular/Document Name</b>	<b>Page No.</b>
1.	List of Clinical Skill Models	2
2.	Bill Invoice Adult CPR Manikins	4
3.	Bill Invoice Nemoceph Software	6
4.	Bill Invoice Dental treatment Phantom Mount Units	8
5.	Bill Invoice CBCT Unit with Sidexis Sirona Software	10


# **1. List of Clinical Skill Models**



Mahatma Gandhi Vidyamandir's  
**Karmaveer Bhausaheb Hiray Dental College & Hospital**  
Panchavati, Nashik-422003

**List of clinical skills models**

Sr. no.	Details of clinical skills models	Quantity
1.	Phantom Heads / Dental simulators  Available in <ul style="list-style-type: none"><li>- Department of Conservative and Prosthetic Dentistry Laboratory,</li><li>- Dept Pedodontics</li></ul>	110
2.	Phantom Head Mask	110
3.	Adult CPR manikins: Prestan 9023	2
4.	Rubber mackintosh sheet customized for suture training/ Suture model	2
5.	Digital three dimensional radiographic simulator for virtual implant planning – Dept. Oral Medicine & Radiology	1
6.	Nemoceph Orthodontic software	1
7.	Skull with Mandible bone for oral surgical/Implant procedures	1
8.	Scaling models for periodontal training	2

  
Dr. Pradeep GL  
Principal

**Dr. Pradeep G. L.**  
PRINCIPAL  
MGV's KBH Dental College & Hospital  
Panchavati, Nashik-422 003

## **2. Bill Invoice Adult CPR Manikins**

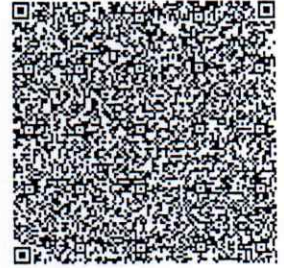


Invoice No. B2B-413/2023-24  
 Ref. No. SURYA-23/01/24

Dated 23-Jan-24

e-Invoice

**Emergicare Trauma & Life Support Services Pvt. Ltd.**  
 X1/107-D, Second Floor, Noya Plaza  
 Kalathipady, Vadavathoor P O, Kottayam-686010  
 GSTIN/UIN: 32AABCE7008G1Z4  
 State Name : Kerala, Code : 32  
 CIN: U33119KL2006PTC020060



**TAX INVOICE**

IRN : 8a4c89bbf9e4403aa5324f2128f95279c0a982a9b1a5-500900e099615c54961d  
 Ack No. : 152416882833290  
 Ack Date : 24-Jan-24

Party : **MGV's KBH Dental College & Hospital,**  
 Panchavati,  
 Nashik - 422003

GSTIN/UIN : 27AAATM3603M1ZJ  
 State Name : Maharashtra, Code : 27  
 Place of Supply : Maharashtra

Contact Person : Mr. Shewale B. K. (Store Keeper)  
 Contact : 9922616851 , 0253-2628178

Order No. MGVN/PUR/2023-24/ 23-Jan-24		Payment Terms Within 30 Days				
Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Amount
Adult CPR Manikins: Prestan :9023	90230010	18 %	2.00 Nos	16,000.00	Nos	32,000.00
<b>Transportation Charges (GST)</b>	996519	18 %				847.46
<b>IGST @ 18 %</b>					18 %	5,912.54
<b>Bill Details:</b>						
New Ref B2B-413/2023-24	38,760.00	Dr				
<b>Total</b>			<b>2.00 Nos</b>			<b>Rs. 38,760.00</b>

Amount Chargeable (in words)

**Indian Rupees Thirty Eight Thousand Seven Hundred Sixty Only**

E. & O.E

HSN/SAC	Taxable Value	Integrated Tax		Total Tax Amount
		Rate	Amount	
90230010	32,000.00	18%	5,760.00	5,760.00
996519	847.46	18%	152.54	152.54
<b>Total</b>			<b>5,912.54</b>	<b>5,912.54</b>

Tax Amount (in words) : **Indian Rupees Five Thousand Nine Hundred Twelve and Fifty Four paise Only**

Company's PAN : **AABCE7008G**

Company's Bank Details

A/c Holder's Name : Emergicare Trauma & Life Support Services Pvt. Ltd.  
 Bank Name : ICICI Bank A/c  
 A/c No. : 200305000241  
 Branch & IFS Code : Kottayam & ICIC0002003  
 SWIFT Code :

**Entry Taken on Inward Reg.**  
 Page No. 25 Sr.No. 73  
 Date: 11/2/24  
 Sign. of Store Keeper *[Signature]*

Declaration

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

for Emergicare Trauma & Life Support Services Pvt. Ltd.

Authorised Signatory

This is a Computer Generated Invoice

*led A/c*  
*one*  
*01/02/2024*  
*24/01/2024*  
*11/2/24*

*[Signature]*

### **3. Bill Invoice Nemoceph Software**

# Tax Invoice

27  
01

<b>SHRIJI ENTERPRISES</b> N 53 A/D/2/25/4 Mahakali Chowk, Cidco Nashik GSTIN/UIN: 27AQGPJ2944L1ZJ State Name : Maharashtra, Code : 27 E-Mail : shrijienterprises2021@gmail.com	Invoice No. <b>SE/131/06/23-24</b>	Dated <b>16-Jun-23</b>	
Buyer (Bill to) <b>MGV's K.B.H. Dental College &amp; Hospital</b> Panchavati Nashik Mail ID: itkbhdental@gmail.com GSTIN/UIN : 27AAATM3603M1ZJ State Name : Maharashtra, Code : 27	Delivery Note	Mode/Terms of Payment	
	Reference No. & Date. <b>HMT/23-24/092 dt. 16-Jun-23</b>	Other References	
	Buyer's Order No.	Dated	
	Dispatch Doc No.	Delivery Note Date	
	Dispatched through	Destination	
Terms of Delivery			

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1	<b>Software</b> Nemoceph Software Physical Dongal to Virtual Dongal Online Software  Input CGST 9% Input SGST 9%	8523	1 No's	1,32,000.00	No's	1,32,000.00
					9 %	11,880.00
					9 %	11,880.00
<b>Total</b>			<b>1 No's</b>			<b>₹ 1,55,760.00</b>

Amount Chargeable (in words) E. & O.E  
**INR One Lakh Fifty Five Thousand Seven Hundred Sixty Only**

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
8523	1,32,000.00	9%	11,880.00	9%	11,880.00	23,760.00
<b>Total</b>			<b>11,880.00</b>		<b>11,880.00</b>	<b>23,760.00</b>

Tax Amount (in words) : **INR Twenty Three Thousand Seven Hundred Sixty Only**

Company's Bank Details  
 A/c Holder's Name : **SHRIJI ENTERPRISES**  
 Bank Name : **HDFC Bank- A/c-7757**  
 A/c No. : **50200059597757**  
 Branch & IFS Code : **Thatte Nagar & HDFC0000064**

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



This is a Computer Generated Invoice

Entry No. 158 Serial Reg. No. 49  
 Page No. 49  
 Date: 17/6/23  
 Sign. of Store Keeper [Signature]



**4. Bill Invoice**  
**Dental treatment Phantom Mount Units**

P.O. No. 1381

21/02



Original for Buyers

**TAX INVOICE**

**CLINIX INTELLIGENT MEDICALSYSTEMS PRIVATE LIMITED**  
 Regd. Off. & Fac "Clinix House" # 3-6/1A, 1<sup>st</sup> Cross, Magadi Main Road, Sunkadakatte Bangalore -91  
 Ph:23486526, 23489360, 23581693. E-mail: clinix@rediffmail.com

GSTIN NO: 29AABCC8411D1ZY TIN NO: 29970075381	Invoice No: 113/2018-19 Invoice Date : 14/07/2018	Transportation Mode: Vehicle No:
Details of Receiver (Billed to)		Details of consignee (shipped to)
Name: Māhatma Gāndhī Vidyamandir Address: 6th Floor, K.B.H. Dental College & Hospital Panchavati, Nashik-422003 Party's PO NO MGVN/PUR/2018-19 State & Code: Maharashtra GSTIN NO: 27AAATM3603M1ZJ	Name : Address: State & Code	GSTIN No:

Sl.No	Description of Goods	HSN Code	Qty	UOM	Rate	Total	Disc	Taxable Value
✓ 1	Dental Treatment Phantom mount unit : Phantom head Lab Unit for two student (Phantom head lab unit with SS.Top Halogen. Light with arm with 2 intensity wooden drawer, P5-Frasco Model Phantom head with scissors arm & without jaw with drainage Pipe. Control box for airtor Micromotor 3 way (without hand piece & Micromotor) with water booster & foot control. S.S. Tray and operatory System	90212900	50	Sets	78000	3900000	0	3900000
✓ 2	Latest Mankin body attached to the Phantom head	90212900	50	Sets	2000	100000	0	100000
							IGST @ 12%	480000
<b>Total</b>								<b>4480000</b>

Invoice Value (in words)	Freight Charges	0
Fourty four lakh eighty thousand only	Loading & packing	0
	Charges	0
	Insurance charges	0
	other charges	0
	<b>Invoice Total</b>	<b>4480000</b>

<p align="center"><b>Terms &amp; Conditions</b></p> <ol style="list-style-type: none"> <li>unless stated our delivery of the goods Ex. Our works.</li> <li>All disputes arising out this order should be settled in the court of B'lore only</li> <li>Imported goods are not carrng any warrantee.</li> <li>Goods are dispatched entirely at customer's risk. Our responsibility ceases entirely as soon the leave our factory.</li> <li>Interest charge at 21% p.a will be payable on overdue payments.</li> <li>any shortage of goods should be informed within 7 days from the date of receipt of goods</li> <li>once the goods sold will not be taken bck or exchanged</li> </ol>	 Authorised Signatory
---	--------------------------

*Money*  
9/25/07/18

**5. Bill Invoice**  
**CBCT Unit with Sidexis Sirona Software**

**RETAIL INVOICE**



**VILLA INDIA**  
 B-224 , NARAINA IND AREA  
 PHASE-1, NEW DELHI 110028  
 E-Mail :welcome@villaindia.com

Invoice No. <b>VID/RETAIL/12-13/441</b>	Dated <b>22-Jan-2013</b>
Delivery Note	Mode/Terms of Payment
Supplier's Ref.	Other Reference(s)
Buyer's Order No. <b>MGVN/DC/2011-12/013-L</b>	Dated <b>17-Jan-2012</b>
Despatch Document No.	Dated
Despatched through	Destination
Terms of Delivery	

Consignee  
**Mahatma Gandhi Vidyamandir's**  
 KBH Dental College & Hospital  
 Panchvati Nashik 422003

Buyer (if other than consignee)  
**Mahatma Gandhi Vidyamandir's**  
 KBH Dental College & Hospital  
 Panchvati Nashik 422003

Sl No.	Description of Goods	Quantity	Rate	per	Disc. %	Amount
1	<b>Orthophos XG 3D</b> 3D Digital Panoramic X-Ray Machine Sirona Dental Systems GERMANY Model : ORTHOPHOS XG3D Sirona's New Orthophos XG3D Combines the Advantages of 2D & 3D Into One Comprehensive Unit	1 Nos.	46,00,000.00	Nos.		46,00,000.00
	<b>CST @ 5%</b>			5 %		2,30,000.00
	Total	1 Nos.				₹ 48,30,000.00

Amount Chargeable (in words)  
**Indian Rupees Forty Eight Lakh Thirty Thousand Only**

E. & O.E

Company's VAT TIN : 07570162294  
 Company's CST No. : 07570162294  
 Company's Service Tax No. : AAACPN9000DST001  
 Company's PAN : AACPN9000D

Declaration  
 NO CREDIT OF ADDITIONAL DUTY OF CUSTOMS  
 LEVIED UNDER SUB SECTION (5) OF SECTION 3  
 OF THE CUSOTMS TRAIFF ACT 1975 SHALL BE  
 ADMISSABLE IN RECEIPT OF THE GOODS  
 COVERED IN THE INVOICE  
 SUBJECT TO DELHI JURISIDICTION

For VILLA INDIA  
  
 Authorised Signatory

This is a Computer Generated Invoice



TAX INVOICE CUM CHALLAN					
To, Dental College, Panchavati, Nashik.		Invoice No. : 25 Jan /2013-2014/ 05		Date : 25/01/2013	
		Payment Terms : Advance Payment			
Sr. No.	DESCRIPTION	QUANTITY	Nos./Mtr	UNIT RATE	AMOUNT Rs.
1	Work Station (IC i5 5GHz, Intel Original 61ww MB, 4GB DDR, 1TB HDD,800 watt SMPS, I-Ball Keyboard+Mouse, DVD RW, 22" Inch Monitor, OP Windows 7)	1	Nos	64400.00	64400.00
2	8 Port D-link GIGA Switch	1	Nos	6000.00	6000.00
3	GB PCI Express Graphics Card	1	Nos	5000.00	5000.00
4	PCI Lan Card D-Link	1	Nos	490.00	490.00
5	Server (IC i3 3GHz, Intel Original MB, 4GB DDR3,500gb sata HDD, I-Ball Keyboard+ Optical Mouse, DVD RW, 19 Inch Monitor, OP Windows 7 license)	1	Nos	46300.00	46300.00
				<b>Total</b>	<b>122190.00</b>
				<b>VAT @ 5 %</b>	<b>6109.50</b>
				<b>Grand Total</b>	<b>128299.50</b>

**In Words: One Lakhs Twenty Eight Thousand Two Hundred & Ninty Nine Only.**

"I/we Hereby Certify that my/our registration certificate under the Maharashtra Value Added Tax Act. 2002 is in force on the date on which the sale of goods specified in the

"Tax Invoice" is 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 sale while filling of return and due tax, if any, payable on the Sale has been paid or shall be paid"

MVAT TIN No:- 27940874953V w.e.f.12/12/2011  
CST TIN No:- 27940874953C w.e.f.12/12/2011

**Terms & Condition :**

- It is the responsibility of the buyer to pay municipal taxes if applicable.
- Delivery means delivery against this invoice and not against installation.
- Payment Should be made as per terms of payment stipulated in this invoice otherwise interest @24 % per annum will be charged.
- The above mentioned sale does not included software support unless specially mentioned this invoice.
- Our liability is limited to replacement of faulty parts if committed writing but under no circumstances extends to influential losses like loss of date, time and interest.
- Any Complaints as regards condition of material should be lodged with us within 48 hour's of the receipt of the material filling which no complaints will be entertained whatsoever.
- We not accept any responsibility for damage loss or delay in transit.
- Cheque / DD should be drawn in favor of Nautika Systems.

Receiver's Signature



For Nautika Systems

Authorized Signatory

Block No 301, 2nd Floor, Kadam Mansion Apt,  
Plot 226, Mahatma Nagar, Nashik 422 007.

Tel: +91 97624 94126 / 125  
Email: systems@nautikagroup.com