



M. S. KAKADE COLLEGE

Waghalwadi-Someshwarnagar, Tal: Baramati, Dist: Pune, Pin 412 306

(Affiliated to Savitribai Phule Pune University)

NAAC Re-accredited 'B++' Grade

ISO 9001:2015 Certified

Bills for the purchases of equipments **(2020-21)**

Sujit Bhosale - 9922200916

TAX INVOICE

Ms/ Bhosale Enterprises

Someshwarnagar Karkhana Road, Tal : Baramati, Dist : Pune
 Maharashtra Code : 27
 GSTIN/UIN : 27AARFB6244J1Z1

Invoice No. **74**

Date : 13/01/2021

Farmer Name :- M.S. Kakade CollegeVillage :- Someshwarnagar

Crop :- _____ Area :- _____ Mob.No. _____

Drip Irrigation System Implementation Bill

Sr. No.	Description of Material	HSN Code	Quantity	Rate	Amount
①	4" Joiner (Khupsya)		3	250	750
②	4" Socket		2	60	120
③	20 mm PT Bundle		3	1800	5400
④	20 mm Later		4	1800	7200
⑤	Dripper		3	250	750
⑥	20 mm Tee		40	10	400
⑦	20 mm L		10	5	50
⑧	20 mm Joiner		38	4	152
⑨	16/20 Joiner		20	3	60
⑩	20 mm Cock		18	10	180
⑪	16 mm Rubber		15	2	30
⑫	20 mm End Cap		30	3	90
⑬	20 mm Y		2	7	14
⑭	Reducer 20mm x 25 mm		8	10	80
⑮	Hexa Blade		2	10	20
⑯	Hekup		5	3	15
⑰	1/3" Valve		3		
				Sub Total	270

Bank Name : Union Bank of India

Ac. No. : 510101007135778

Branch : Wanewadi

IFSC Code : UBIN0932493

Taxable Amt	C.GST	S.GST
5%		
12%		
18%		
28%		

Amount in Words : Fifteen Thousand Five Hundred
Eighty one only.

Grand Total

Bhale
 Farmer Sign.

For, Ms/ Bhosale Enterprises
 9922200916



TAX INVOICE

श्री कृष्णा ट्रेडर्स

प्रोप्रा.राजु देवासी

Mob.9860701182

7769001182

प्लाय हार्डवेयर, एस.एस.रेलिंग, सेफ्टी गेट, लेटर, सेफ्टी ग्रील, किचन ट्रौली, वुडन फर्निचर, पाईप फिटिंग

प्लॉट नं. ११७/११ लोणंद, लोणंद सातारा रोड, महाराष्ट्र, ४१५५११

श्री. भु.सा. काकडे महाविद्यालय सोमेश्वरनगर.

रा.

गाडी नं.

बील नं. 43१

दिनांक ०९/०५/202०

तपशील	HSN कोड	नग	दर	एकुण रक्कम
Railing for Ramp.	-	10१"	450	48150/-
Handale.	-	32"	250	8000/-

R/K



Name - Shree Krushna Traders

Bank - HDFC Bank

Branch - Lonand

AC.No. - 50200073180028

IFSC Code - HDFC0009056

GST No. -27DBQPD6950N1ZX

Total

56150/-

Taxable value

-

CGST

-

SGST

-

Grand Total

56150/-

अक्षरी रुपये Fifty six Thousand one hundred Fifty.

SHREE KRUSHNA TRADERS

11.11.2020
PROPRIETOR

**World of Hospital & Patient Care
Equipments Under One Roof**

📍 Shop No.1,2,8 & 9, Siddhivinayak Bld, Opp.Indapur Road
Market Yard Next To Waghmode Hospital,Harikrupanagar,
Deshpande Estate,Baramati -413 102
☎ Mo. 9822494012 / 9767685354
✉ saicare5354@gmail.com

No. 15477

College - Someshwar nagar Date : 4/12/2020

For Shree Sai Surgicals



Invoice No. MAR 00048/21-22

Date: 24/08/2020

INVOICE

PSB POWER SYSTEM
Shop No. 9, Sahara Corner,
Bhaikrai Nagar, Hadapasar Pune
State Name – Maharashtra, Code: 27

Party Name: M. S. Kakade College
Someshwarnagar, Tal- Baramati, Pune.
Mo.no. 9545993878
State Name: Maharashtra.

Sr. No.	Description of Goods	Quantity	Rate	Amount
1.	Wind turbine gear box oil (5 Litre)	5	395.00	1975.00
2.	HTC Anemometer AVM-03 (0 to 30 m/s)	1	1580.00	1580.00
3.	Wind Vane Direction Indicator	1	2999.00	2999.00
4.	Solar Panel 200 Watt/12 Volt	2	10500.00	21000.00
5.	Servicing Charges	1	5000.00	5000.00
Total				32554.00

Amount Chargeable (In Words)

INR Three Thousand Five Hundred

Declaration

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



Radipshite
FOR PSB POWER SYSTEM
08888404465 / 8888259966

Form-6
[See rule 19]

E-WASTE MANIFEST

1.	Sender's name and mailing address (including Phone No.)	
2.	Sender's authorisation No, if applicable.	
3.	Manifest Document No.	
4.	Transporter's name and address (including Phone No.)	
5.	Type of vehicle	(Truck or Tanker or Special Vehicle)
6.	Transporter/s registration No.	
7.	Vehicle registration No.	
8.	Receiver's name & address	
9.	Receiver's authorisation No, if applicable.	
10.	Description of E-Waste (Item, Weight/ Numbers):	180 kg
11.	Name and stamp of Sender* (Manufacturer or Producer or Bulk Consumer or Collection Centre or Refurbisher or Dismantler): Signature: Month Day Year	02 06 2020
12.	Transporter acknowledgement of receipt of E-Wastes Name and stamp: Signature: Month Day Year	2020 09 07
13.	Receiver* (Collection Centre or Refurbisher or Dismantler or Recycler) certification of receipt of E-waste Name and stamp: Signature: Month Day Year	2020 07 06

* As applicable

Note:-

Copy number with colour code (1)	Purpose (2)
Copy 1 (Yellow)	To be retained by the sender after taking signature on it from the transporter and other three copies will be carried by transporter.
Copy 2 (Pink)	To be retained by the receiver after signature of the transporter.
Copy 3 (Orange)	To be retained by the transporter after taking signature of the receiver
Copy 4 (Green)	To be returned by the receiver with his/her signature to the sender