

Six Monthly Environment Clearance Compliance Report

(For period of April 2024 – September 2024)

FOR



**Construction project of additional & alteration in the existing
Residential cum commercial building into Hospital**

**Environmental Clearance (EC) issued vide SEIAA-TN/F.No.7493/EC/8 (a)/783/2021
dated: 23.08.2021**

**Name Transfer Amendment in Environmental Clearance (EC) Letter No. SEIAA-
TN/F.7493/EC/8 (a)/783/Amend/2021 dated: 11.07.2022**

at

**S.F. Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C,
Kovilambakkam Village, Tambaram Taluk, Chengalpattu District, Tamil
Nadu**

PREPARED BY



**ENVIRONMENTAL CONSULTANT
HUBERT ENVIRO CARE SYSTEMS (P) LTD
CHENNAI**

December 2024

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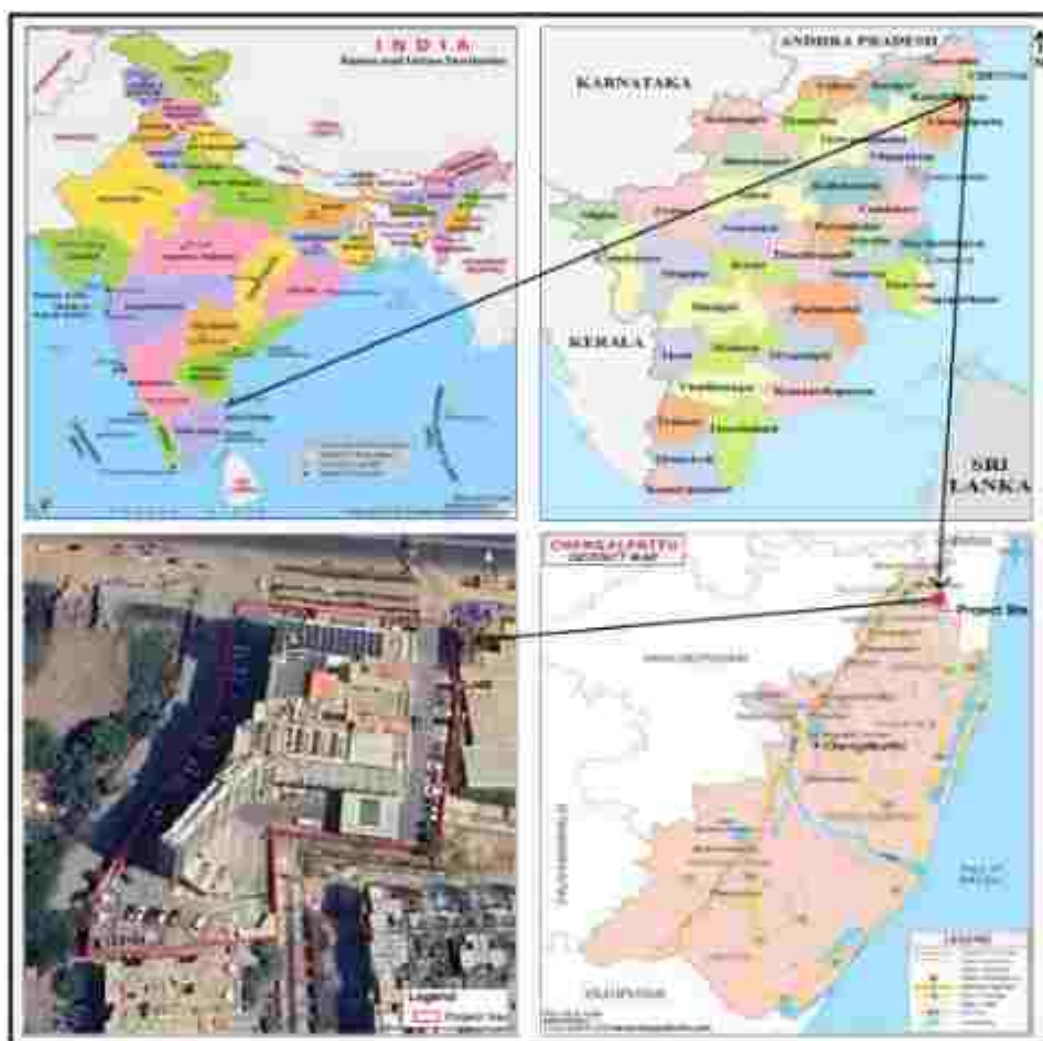
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1.0 PROJECT DETAILS

Name of the project	"Kauvery Hospital –Radial Road"														
Project Location	S.F. No: 18/2B1A, 18/2B2, 22/1A1A, 22/2A 22/2B & 22/2C, 200 Feet MMRD road, Kovilambakkam village, Tambaram, Taluk & Chengalpattu District														
Project proponent															
File No:2	- Environmental Clearance (EC) issued vide SEIAA- TN/F.No.7493/EC/8 (a)/783/2021 dated: 23.08.2021 is enclosed as Annexure 1. - Name Transfer Amendment in Environmental Clearance (EC) Letter No. SEIAA- TN/F.7493/EC/8 (a)/783 /Amend /2021 dated: 11.07.2022 is enclosed as Annexure 1a.														
Total Area (in sq.m)	<table><tr><td>Plot coverage</td><td>1690.43</td></tr><tr><td>Roads and Pavement Area</td><td>2560.57</td></tr><tr><td>Surface or Open Parking Area</td><td>425</td></tr><tr><td>STP, Solid waste disposal and Other utilities area</td><td>427.24</td></tr><tr><td>Greenbelt Area</td><td>837</td></tr><tr><td>Total Plot Area</td><td>5088.39</td></tr></table>			Plot coverage	1690.43	Roads and Pavement Area	2560.57	Surface or Open Parking Area	425	STP, Solid waste disposal and Other utilities area	427.24	Greenbelt Area	837	Total Plot Area	5088.39
Plot coverage	1690.43														
Roads and Pavement Area	2560.57														
Surface or Open Parking Area	425														
STP, Solid waste disposal and Other utilities area	427.24														
Greenbelt Area	837														
Total Plot Area	5088.39														
Built up area	25139.33 Sq.m														
Project cost	Rs. 68.02 Crores														
EMP Cost	Operation Phase: Capital Cost -Rs. 164.42 Lakhs Recurring Cost-Rs. 35.1 Lakhs per annum														
Total Water requirement	118 KLD b) Source : St. Thomas Mount Panchayat Union														
Quantity Sewage generation KLD	- Sewage Generation - 104 KLD - Effluent Generation - 4.5 KLD														
Power Requirement	1000 kVA from TANGEDCO														
Details of D.G. set with Capacity and stack	1 No. of 1000 kVA with AMF: (Automatic Main Failure). 1No. of 1000 kVA standby and stack 56m														
CER activities with the specific allocation of funds	Rs. 136 Lakhs														

2.0 LOCATION MAP



3.0 SITE PHOTOGRAPHS



4.0 Environmental Clearance Compliance Statement for M/s. Kauvery Hospital –Radial Road.

SEAC RECOMMENDATIONS:

1.	The proponent shall prepare a detailed revised plan for converting the residential apartment into hospital with due approval from the competent authorities, as required.	A detailed revised plan for converting the residential apartment into a hospital has approved by CMDA. The approved layout copy of Hospital is enclosed as Annexure – 2.
2.	The project proponent shall provide adequate capacity of sewage treatment plant & Grey Water Treatment plant as committed to achieve the standards prescribed by the TNPCB/CPCB.	Condition has been complied with Adequate capacity of 125 KLD of sewage treatment plant has been provided, as committed, to meet the standards prescribed by TNPCB/CPCB. STP adequacy report is enclosed as Annexure-3
3.	The proponent shall make proper arrangements for the disposal of the treated sewage and grey water from the proposed site for toilet flushing & green belt development.	The condition has been complied with Proper arrangements. The disposal of treated sewage from the proposed site, which will be used for toilet flushing and green belt development.
4.	The sludge generated from the sewage Treatment plant shall be collected and dewatered using filter press and the same shall be utilized as manure for green belt development after composting.	The sludge generated from the Sewage Treatment Plant is being collected and dewatered using a filter press and the treated sludge is being utilized as manure for green belt development.
5.	The proponent shall provide the separate wall between the STP and OSR area as per the layout furnished and committed	We have paid the remitted charge to CMDA for utilization of the OSR as parking area. • The same is enclosed as Annexure- 4. Additionally, the OSR area was donated to the local panchayat by the previous

		developer (VIRGO relators) for public use and development. The access points and arrangements have been designed to ensure safety.
6.	The proponent shall furnish approved planning permission from CMDA for the proposed alteration of existing residential cum commercial building into hospital to TNPCB before obtaining CTE	The approved planning permission from CMDA for the proposed alteration of the existing residential-cum-commercial building into a hospital has been furnished to TNPCB, prior to obtaining the CTE. • The approved planning permission from CMDA is enclosed as Annexure -5
7.	The project proponent shall measure the criteria air pollutants data due to traffic again before getting consent to operate from TNPCB.	The air pollutants data, including criteria air pollutants has been measured as per the prescribed guidelines. This data will be submitted to TNPCB for review prior to obtaining the Consent to Operate (CTO).
8.	The project proponent shall provide adequate DG set stack height as per CPCB Norms.	DG set stack height is provided as per CPCB norms. • DG stack Photograph is enclosed Annexure 6
9.	The project proponent shall provide adequate capacity of organic waste convertor for the food waste within the project premises and the compost shall be utilized for developing green belt area	Any organic waste is disposed of through an authorized vendor, in accordance with regulations. • Solid waste disposal Agreement copy and disposal details are enclosed as Annexure-7
10.	The project proponent shall obtain the necessary authorization from TNPCB and strictly follow the Hazardous & Other Wastes (Management and Trans-boundary Movement) Rules, 2016 as amended for the generation of Hazardous waste within the premises.	We are in the process of obtaining HWA and the same will be obtained. • The HWA application and letter copy is enclosed as Annexure-8.

11.	The project proponent shall allot necessary area for the collection of E-waste and strictly follow the E-Waste Management Rule, 2015, as amended for disposal of the E-waste generation within the premises.	A designated area for the collection of E-waste has been allocated within the premises. The disposal and management of E-waste will be carried out in strict adherence to the E-Waste Management Rules, 2015, as amended. • Hazardous waste & E Waste storage photographs Annexure-9.
12.	The proponent shall earmark the greenbelt area with dimension and GPS coordinates all along the boundary of the project site with at least 3 meters wide and the same shall be included in the layout out plan to be submitted for CMDA/DTCE approval. The total green belt area should be minimum of 15% of the total area and the same shall not be used for car parking.	The greenbelt area has been earmarked along the boundary of the project site, with a minimum width of 3 meters, as required. The dimensions and GPS coordinates of the greenbelt have been clearly marked and included in the layout plan, which will be submitted for CMDA/DTCE approval. • Layout plans of greenbelt area is enclosed as Annexure- 10.
13.	The Proponent shall provide rainwater harvesting sump of adequate capacity for collecting the runoff from rooftops as committed.	A rainwater harvesting sump of adequate capacity has been provided as per the commitment, designed to collect runoff from the rooftops. The Photographs of rainwater harvesting sump and pit are attached as Annexure 11.
14.	The proponent shall provide adequate storm water management provisions within the project site as committed.	Adequate storm water management provisions have been implemented within the project site as committed. The Storm water drain photos are attached as Annexure 12.
15.	The Proponent shall submit commitment letter for details of Solar power utilization, CER including smart class facilities for all the Govt. schools nearby Villages the proposed project site, & disposal of E- Waste	The condition has been complied with. • PO Copy of Solar plant is attached as Annexure 13. • Details of CER amount spent till

	to TNPCB authorized within the state.	date is enclosed Annexure 21
16.	All the mitigation measures committed by the proponent for the flood management and to avoid pollution in Air, Noise, Solid waste disposal, Sewage treatment & disposal, etc., shall be followed strictly.	The condition has been complied with. All mitigation measures for flood management, air and noise pollution control, solid waste disposal, sewage treatment, and disposal will be strictly followed. • Disaster management plan is attached as Annexure 14.
17.	The project proponent shall provide entry and exit points for the OSR area, community Hall, play area as per the norms for the public usage as committed.	we have paid the remitted charge to CMDA for utilization of the OSR as parking area. • The same is enclosed as Annexure- 4. Additionally, the OSR area was donated to the local panchayat by the previous developer (VIRGO relators) for public use and development. The access points and arrangements have been designed to ensure safety.
18.	The project proponent shall furnish commitment for post-COVID health management for construction workers as per ICMR and MHA or the State Government guidelines as committed for during SEAC meeting.	Not applicable. We were not active during the Covid lockdown for our construction phase.
19.	The project proponent shall appoint permanent medical officer in the project site for continuous monitoring the health of construction workers during COVID and Post-COVID period.	Not applicable. We were not active during the Covid lockdown for our construction phase.
20.	The Proponent shall provide the dispenser for the disposal of sanitary Napkins.	Sanitary napkin is being disposed along with Biomedical waste. • The Biomedical waste disposal

		agreement and authorization copy is enclosed as Annexure 15&15a
21.	Solar energy application should be at least 10% of total energy utilization. Application of solar energy should be utilized maximum for illumination of common areas, street lighting, etc. SLIHA	The condition has been complied; the application of solar energy has been integrated into the project, with a minimum of 10% of the total energy utilization derived from solar power, as committed. The Solar purchase order is attached as Annexure 13.
22.	As per the MoEF & CC Office Memorandum F.No. 22-65/2017-1A.III dated: 30.09.2020 & 20.10.2020 the proponent shall furnish the detailed EMP mentioning all the activities, as proposed in the CER and furnish the same before placing the subject to SEIAA.	The condition has been complied with. As per the MoEF & CC Office Memorandum F.No. 22-65/2017-1A.III dated 30.09.2020 and 20.10.2020, a detailed Environmental Management Plan (EMP) has been prepared, outlining all the activities proposed under the Corporate Environment Responsibility (CER). The detail EMP amount spent is attached as Annexure-16 . Details of CER amount spent till date is enclosed as Annexure – 21 .

Part A Common conditions applicable for Pre-construction, Construction and Operational Phases:

1.	Any appeal against this Environmental Clearance shall lie with the Hon'ble National Green Tribunal, if preferred, within a period of 30 days as prescribed under Section 16 of the National Green Tribunal Act, 2010.	Condition noted
2.	The construction of STP, ETP, Solid Waste Management facility, E-waste management facility, DG sets, etc., should be made in the earmarked area only. In any case, the location of these utilities should not be	The condition has been complied with. The construction of the STP, ETP, solid waste management facility, E-waste management facility, DG sets, and other related utilities has been carried out in the earmarked areas.

	changed later on.	as per the approved plans. The site layout plan is enclosed as Annexure- 2
3.	The Environmental safeguards contained in the application of the proponent /mentioned during the presentation before the State Level Environment Impact Assessment Authority / State Level Expert Appraisal Committee should be implemented in the letter and spirit.	Accepted & Noted
4.	All other statutory clearances such as the approvals for storage of diesel from Chief Controller of Explosives, Fire and Rescue Services Department, Civil Aviation Department, Forest Conservation Act, 1980 and Wild Life (Protection) Act, 1972, State / Central Ground Water Authority, Coastal Regulatory Zone Authority, other statutory and other authorities as applicable to the project shall be obtained by project proponent from the concerned competent authorities.	Necessary statutory clearances have been Obtained. • Airport NOC is enclosed as annexure – 17. • Fire NOC is enclosed as Annexure – 18. • CTO copy is enclosed as Annexure – 19. • Traffic NOC is enclosed as Annexure – 20.
5.	The SEIAA reserves the right to add additional safeguard measures subsequently, if non-compliance of any of the EC conditions is found and to take action, including revoking of this Environmental Clearance as the case may be.	Agreed upon.
6.	A proper record showing compliance of all the conditions of Environmental Clearance shall be maintained and made available at all the times.	Agreed upon.
7.	The environmental statement for each financial year ending 31st March in Form-V as is mandated to be submitted by the project proponent to the concerned State Pollution	Condition noted and will be complied

	Control Board as prescribed under the Environment (Protection) Rules, 1986, as amended subsequently, shall also be put on the website of the company. The status of compliance of environmental clearance conditions and shall also be sent to the Regional Office of the Ministry of Environment and Forests, Chennai by e-mail.	
8.	The Regional Office of the Ministry located at Chennai shall monitor compliance of the stipulated conditions. The project authorities should extend full cooperation to the officer (s) of the Regional Office by furnishing the requisite data/information/monitoring reports.	Condition noted
9.	"Consent for Establishment" shall be obtained from the Tamil Nadu Pollution Control Board and a copy shall be submitted to the SEIAA, Tamil Nadu.	CTE has been obtained . Currently we are in operation phase with valid CTO CTO copy is enclosed as Annexure – 19 . CTE copy is enclosed as Annexure – 19A .
10.	In the case of any change(s) in the scope of the project, a fresh appraisal by the SEAC/SEIAA shall be obtained before implementation.	Agreed Upon.
11.	The conditions will be enforced inter-alia, under the provisions of the Water (Prevention & Control of Pollution) Act, 1974, the Air (Prevention & Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986, the Public Liability Insurance Act, 1991, along with their amendments draft Minor Mineral Conservation & Development Rules, 2010 framed under MMDR Act 1957, National Commission for protection of Child Right Rules 2006 and rules made there under	Agreed Upon. • Airport NOC is enclosed as annexure – 17. • Fire NOC is enclosed as Annexure – 18. • CTO copy is enclosed as Annexure – 19. • Traffic NOC is enclosed as Annexure – 20. • Third party Insurance is active for the building. Staffs, public &

	and also any other orders passed by the Hon'ble Supreme Court of India/Hon'ble High Court of Madras and any other Courts of Law, including the Hon'ble National Green Tribunal relating to the subject matter.	surroundings as per the Liability Insurance Act 1991. Public Liability Insurance and Third party Insurance is attached as Annexure 32.
12.	The Environmental Clearance shall not be cited for relaxing the other applicable rules to this project.	Condition noted
13.	Failure to comply with any of the conditions mentioned above may result in withdrawal of this clearance and attract action under the provisions of the Environment (Protection) Act, 1986.	Condition Noted
14.	The proponent shall upload the status of compliance of the stipulated EC conditions, including results of monitored data on their website and shall update the same periodically. It shall simultaneously be sent to the Regional Office of MoEF, Chennai, the respective Zonal Office of CPCB, Bengaluru and the TNPCB. The criteria pollutant levels namely, PM10, PM2.5, SO2, NO, (ambient levels as well as stack emissions) or critical sectoral parameters, indicated for the project shall be monitored.	Condition noted and will be complied.
15.	The SEIAA, TN may cancel the Environmental Clearance granted to this project under the provisions of EIA Notification, 2006, if, at any stage of the validity of this environmental clearance, if it is found or if it comes to the knowledge of this SEIAA, TN that the project proponent has deliberately concealed and/or submitted false or misleading information or inadequate data for obtaining the Environmental	Agreed Upon.

	Clearance.	
16.	The Environmental Clearance does not imply that the other statutory / administrative clearances shall be granted to the project by the concerned authorities. Such authorities would be considering the project on merits and be taking decisions independently of the Environmental Clearance.	Condition noted
17.	The SEIAA, TN may alter/modify the above conditions or stipulate any further condition in the interest of environment protection, even during the subsequent period.	Accepted & Noted.
18.	The Environmental Clearance does not absolve the applicant/proponent of his obligation/requirement to obtain other statutory and administrative clearances from other statutory and administrative authorities.	Accepted & Noted
19.	Where the trees need to be cut, compensation plantation in the ratio of 1:10 (i.e. planting of 10 trees for every one tree that is cut) should be done with the obligation to continue maintenance.	No trees were cut down during the construction phase.
20.	A separate environmental management cell with suitable qualified personnel should be set-up under the control of senior Executive who will report directly to the Head of the Organization and the shortfall shall be strictly reviewed and addressed.	Separate environmental management cell with suitable qualified personnel will be deployed.
21.	The EMP cost shall be deposited in a nationalized bank by opening separate account and the head wise expenses statement shall be submitted to TNPCB with a copy to SEIAA annually.	EMP amount spent till date is enclosed as Annexure 16.

22.	The Project Proponent has to provide 35 Nos. of rain water harvesting pits and rain water collection sump capacity to recover and reuse the rain water during normal rains as reported.	We have provided adequate no of Rain water harvesting pits and rain water collection sump capacity to recover and reuse the rain water. The rain water harvesting pit photographs are attached as Annexure -II . The Storm water and rain water Layout is attached as Annexure - 12 .
23.	The project activity should not cause any disturbance & deterioration of the local bio diversity.	Since it is a hospital, we ensure that our activity will not cause any disturbance & deterioration of the local bio diversity.
24.	The project activity should not impact the water bodies. A detailed inventory of the water bodies and forest should be evaluated and fact reported to the Forest Department & PWD for monitoring.	Since it is a hospital, we ensure that our activity will not impact the water bodies.
25.	All the assessed flora & fauna should be conserved and protected.	Agreed upon.
26.	The proponent should strictly comply with, Tamil Nadu Government Order (Ms) No.84 Environment and forests (EC.2) Department dated 25.06.2018 regarding ban on one time use and throwaway plastics irrespective of thickness with effect from 01.01.2019 under Environment (Protection) Act, 1986.	One time use and throwaway plastics is banned in our unit's premises.
27.	Necessary permission shall be obtained from the competent authority for the drawl/outsourcing of fresh water before obtaining consent from TNPCB.	The fresh water demand is met through by Private Tankers. Private tanker agreement and bill copy is enclosed as Annexure -22
28.	The proponent shall appoint an Environmental Engineer with necessary qualification for the operation and maintenance of STP (Sewage Treatment Plant) and GWTP (grey water Treatment Plant)	The STP plant is being maintained and operated by Third Party vendor. The STP O&M agreement copy is attached as Annexure -23 .
29.	The Proponent shall provide the dispenser for	Since, this is a hospital facility, sanitary

	the disposal of Sanitary Napkins.	napkins are disposed of along with biomedical waste. Biomedical waste agreement and waste disposal details are enclosed as Annexure-15
30.	All the mitigation measures committed by the proponent for the flood management, Solid waste disposal, Sewage treatment & disposal etc., shall be followed strictly.	All the mitigation measures have been followed strictly. The Disaster Management plan is attached as Annexure – 14.
31.	No waste of any type to be disposed of in any watercourse including drains, canals and the surrounding environment.	We will not dispose any type of waste in any watercourse including drains, canals and the surrounding environment.
32.	Traffic congestion near the entry and exit points from the roads adjoining the proposed project site must be avoided.	Traffic congestion near the entry and exit points from the roads adjoining the proposed project site is being avoided by proper traffic arrangements. The traffic layout & NOC Copy is attached as Annexure 20 & 20 a
33.	The safety measures proposed in the report should be strictly followed.	The safety measures Proposed in the report is being strictly followed. The safety manual is attached as Annexure 24.

	Part-B-Specific Conditions - Pre construction phase:	
1.	The project authorities should advertise with basic details at least in two local newspapers widely circulated, one of which shall be in the vernacular language of the locality concerned, within 7 days of the issue of clearance. The press releases also mention that a copy of the clearance letter is available with the State Pollution Control Board and also at website of SEIAA, TN. The copy of the press release should be forwarded to the Regional Office of the Ministry of Environment and Forests located at Chennai and SEIAA-TN.	The Newspaper advertisement copy is attached as Annexure 25

2.	In the case of any change(s) in the scope of the project, a fresh appraisal by the SEAC/SEIAA shall be obtained before implementation.	Condition noted
3.	A copy of the clearance letter shall be sent by the proponent to the Local Body. The clearance letter shall also be put on the website of the Proponent.	Condition complied in the past
4.	The approval of the competent authority shall be obtained for structural safety of the buildings during earthquake, adequacy of firefighting equipment, etc. as per National Building Code including protection measures from lightning etc. before commencement of the work.	We have obtained Structural Stability Certificate, the copy is attached as Annexure 26 Lighting arrestor layout is enclosed as Annexure 27
5.	All required sanitary and hygienic measures for the workers should be in place before starting construction activities and they have to be maintained throughout the construction phase.	All required sanitary and hygienic measures for the workers were provided during the construction phase. Now it is in Operation condition
6.	Design of buildings should be in conformity with the Seismic Zone Classifications.	Condition noted
7.	The Construction of the structures should be undertaken as per the plans approved by the concerned local authorities/local administration.	The Construction of the structures has been undertaken as per the plans approved by the concerned local authorities/local administration. Revised approved layout copy is enclosed as Annexure - 2
8.	No construction activity of any kind shall be taken up in the OSR area.	There is no structure built in OSR Area. OSR is utilized as parking Area.
9.	Consent of the local body concerned should be obtained for using the treated sewage in the OSR area for gardening purpose. The quality of treated sewage shall satisfy the bathing quality prescribed by the CPCB.	No treated water is disposed in OSR treated water are disposed by tankers. A treated water disposal detail is enclosed as Annexure .
10.	The height and coverage of the constructions shall be in	Not applicable

	accordance with the existing FSI/FAR norms as per Coastal Regulation Zone Notification, 2011.	
11.	The Project Proponent shall provide car parking exclusively for the visiting guest in the proposed residential apartments as per CMDA norms.	Car parking as per CMDA approved layout. Revised CMDA approved layout is enclosed as Annexure - 2
12.	The project proponent shall ensure the entry of basement shall be above maximum flood level.	The entry of basement is above maximum flood level. Revised CMDA approved layout is enclosed as Annexure - 2
13.	The proponent shall prepare completion plans showing Separate pipelines marked with different colours with the following details i. Location of STP, compost system, underground sewer line; ii. Pipe Line conveying the treated effluent for green belt development. iii. Pipe Line conveying the treated effluent for toilet flushing iv. Water supply pipeline v. Gas supply pipe line, if proposed vi. Telephone cable CLAA vii. Power cable viii. Storm water drains, and ix. Rain water harvesting system, etc. and it shall be made available to the owners	Condition complied. The layout is enclosed as Annexure-27
14.	A First Aid Room shall be provided in the project site during the entire construction and operation phases of the project.	NA. it is in Operation Stage
15.	The present land use surrounding the project site shall not be disturbed at any point of time.	The present land use surrounding the project site will not be disturbed at any point of time.
16.	The green belt area shall be planted with indigenous native trees.	We have developed adequate greenbelt. The layout and photographs of green belt are attached as

		Annexure 10.
17	Natural vegetation listed particularly the trees shall not be removed during the construction/operation phase. In case any trees are likely to be disturbed, shall be replanted.	No trees were removed during the construction phase.
18	During the construction and operation phase, there should be no disturbance to the aquatic eco-system within and outside the area.	Accepted & Noted.
19	The Provisions of Forest conservation Act 1980, Wild Life Protection Act 1972 & Bio diversity Act 2002 should not be violated.	Agreed upon.
20	There should be Fire fighting plan and all required safety plan.	The Fire fighting plan and Safety manual is attached as Annexure 24
21	Regular fire drills should be held to create awareness among owners/residents.	Regular fire drill workshop has been carried out to create awareness. The report is attached as Annexure 28

Specific Conditions Operational Phase/Post constructional phase/Entire life of the project:

1	There should be Firefighting plan and all required safety plan.	The Fire fighting plan is attached as Annexure 24
2	Regular fire drills should be held to create awareness among owners/residents.	Regular fire drill workshop has been carried out to create awareness. the report is attached as Annexure 28
3	Hazardous waste such as batteries, small electronics, CFL bulbs, expired medicines and used cleaning solvent bottles should be segregated at source; collected once in a month from residences and disposed as per the SWM Rules 2016.	Hazardous waste application is enclosed as Annexure 8 . Expired medicines and used cleaning solvent bottles are disposed through biomedical waste agreement and authorization copy is attached as Annexure 15 .

		Electrical waste is disposed under warranty. Hazardous waste photographs are enclosed as Annexure 9
4	The building should not spoil the green views and aesthetics of surroundings and should provide enough clean air space.	Agreed. The building will not spoil the green views and aesthetics of surroundings and enough clean air space has been provided
5	Solar energy saving shall be increased to at least 10% of total energy utilization.	Solar panels PO copy is enclosed as Annexure 13 .
6	The Project proponent has to spend the CER as committed in the affidavit. The above activity shall be carried out before obtaining CTO from TNPCB.	The CER spent details attached as Annexure 21 .
7	The EMP cost shall be deposited in a nationalized bank by opening separate account and the head-wise expenses statement shall be submitted to TNPCB with a copy to SEIAA annually	The EMP Spent details and report attached as Annexure
8	The EMP cost shall be printed in the Brochure / Pamphlet for the preparation of the sale of the property and should also mention the component involved.	Accepted & Noted.
9	The Project proponent shall get due permission from the wetland Authority before the commencement of the work, if applicable.	Not applicable
10	The Project proponent should discuss with the wet land Authority, Tamil Nadu Forest Department, PWD and support lake restoration cum improvement, awareness and conservation programs.	Accepted & Noted.
11	The project activities should in no way disturb the manmade structures.	Our project activities will not disturb the manmade structures
12	The Proponent shall do afforestation/ restoration programme contemplated to strengthen the open spaces shall preferably include native species along with the financial forecast for planting and maintenance for 5 years.	

13	"Consent to Operate" should be obtained from the Tamil Nadu pollution Control Board before the start of the operation of the project and copy shall be submitted to the SEIAA-TN.	The CTO copy is attached as Annexure - 19
14	Raw water quality to be checked for portability and if necessary RO plant shall be provided.	Raw water quality test report is attached as Annexure - 29 RO water quality test report is enclosed as Annexure - 29
15	The Proponent should be responsible for the maintenance of common facilities including greening, rain water harvesting, sewage treatment and disposal, solid waste disposal and environmental monitoring including terrace gardening for a period of 3 years. Within one year after handing over the flats to all allottees a viable society or an association among the allottees shall be formed to take responsibility of continuous maintenance of all facilities with required agreements for compliance of all conditions furnished in Environment Clearance (EC) order issued by the SEIAA-TN or the Proponent himself shall maintain all the above facilities for the entire period. The copy of MOU between the buyers Association and proponent shall be communicated to SEIAA-IN	Not applicable. It is a Hospital
16	The ground water level and its quality should be monitored and recorded regularly in consultation with Ground Water Authority.	Ground water is not utilized by our facility. The Ground water quality report is attached as Annexure - 29 .
17	Treated effluent emanating from STP shall be recycled/reused to the maximum extent possible. The treated sewage shall conform to the norms and standards for bathing quality laid down by CPCB irrespective of any use. Necessary measures should be made to mitigate the odour and mosquito problem from STP.	The treated sewage is being reused to the maximum extent possible for toilet flushing and greenbelt developments. Necessary measures has been made to mitigate the odour and mosquito problem from STP. The STP treated water test report is attached as Annexure 29 .

18	The Proponent shall operate STP continuously by providing stand by DG set in case of power failure.	We are operating STP continuously by providing stand by DG set in case of power failure
19	It is the sole responsibility of the proponent that the treated sewage water disposed for green belt development/ avenue plantation should not pollute the soil/ ground water/ adjacent canals/ lakes/ ponds, etc	Agreed upon.
20	Adequate measures should be taken to prevent odour emanating from solid waste processing plant and STP.	Adequate measures have been taken to prevent odour emanating from solid waste processing plant and STP.
21	The e-waste generated should be collected and disposed to a nearby authorized e-waste centre as per E- waste (Management & Handling), Rules 2016 as amended	Not generated yet.
22	Diesel power generating sets proposed as source of back-up power during operation phase should be of enclosed type and conform to rules made under the Environment (Protection) Act, 1986. The height of stack of DG sets should be equal to the height needed for the combined capacity of all proposed DG sets.	Acoustic enclosures and Adequate Stack height has been provided for the D.G Sets, the photos are attached as Annexure – 6.
23	The noise level shall be maintained as per MoEF/CPCB/TNPCB guidelines/norms both during day and night time.	The noise level are maintained as per MoEF/CPCB/TNPCB guidelines/norms during both day and night-time. The noise level test report is attached as Annexure -29.
24	Spent oil from D.G sets should be stored in HDPE drums in an isolated covered facility and disposed as per the Hazardous & other Wastes (Management & Transboundary Movement) Rules 2016. Spent oil from D.G sets should be disposed off through registered recyclers.	Spent oil from D.G sets has been stored in HDPE drums in an isolated covered facility and disposed as per the Hazardous & other Wastes
25	The proponent is required to provide a house hold hazardous waste/E-waste collection and disposal mechanism	A separate designated room is provided for the storage, collection, and disposal of

		hazardous waste and e-waste. Photograph is enclosed as Annexure 6.
26	The proponent shall ensure that storm water drain provided at the project site shall be maintained without choking or without causing stagnation and should also ensure that the storm water shall be properly disposed off in the natural drainage channels without disrupting the adjacent public. Adequate harvesting of the storm water should also be ensured.	Storm water drain are regularly maintained to prevent choking and stagnation of storm water. PO for service maintenance of all storm drain is enclosed as Annexure - 30.
27	Used CFLs and TFLs should be properly collected and disposed off sent for recycling as per the prevailing guidelines/rules of the regulatory authority to avoid mercury contamination.	All electrical and electronics within the site are under warranty, purchase bill copy is enclosed as Annexure – 31.
28	Failure to comply with any of the conditions mentioned above may result in withdrawal of this clearance and attract action under the provisions of the Environment (Protection) Act, 1986.	Accepted & Noted.
29	The Environmental Clearance is issued based on the documents furnished by the project proponent. In case any documents found to be incorrect/not in order at a later date the Environmental Clearance issued to the project will be deemed to be revoked/cancelled.	Accepted & Noted.

4.0 ENVIRONMENTAL MONITORING DETAILS

It is mandatory to submit six month compliance report to MoEF Regional Office by the proponent. For the purpose of obtaining six month compliance certificate the environmental monitoring was carried out at site by M/s. Hubert Enviro Care Systems Pvt Ltd.

4.1 Ambient Air Quality Monitoring

The ambient air quality parameters such as suspended Particulate matter (PM10), Respirable Particulate matter (PM 2.5), Sulphur dioxide, Oxides of Nitrogen (NOx) and Carbon monoxide were monitored. The test report of ambient air quality is enclosed as **Annexure – 29**.

4.2 Ambient Noise Level Monitoring

Noise level is being monitored and the test report of ambient noise recorded is enclosed as **Annexure – 29**.

4.3 Sewage quality monitoring

Sewage water from inlet and outlet of STP was collected and it is being monitored and the test report of sewage water quality recorded is enclosed as **Annexure - 29**.

4.4 Ground Water quality monitoring

Ground water quality is being monitored and sample collected from bore well. The ground water quality report is enclosed in **Annexure-29**.

6.0 CONCLUSION

1. The environmental monitoring was carried out at site
2. All the conditions stipulated in Environmental Clearance are being complied / will be complied.

Authorized Signature

A handwritten signature in blue ink, appearing to be 'Shruti', with a stylized flourish at the end.

M/s. Kauvery Hospital –Radial Road

Annexure



TMT. P. RAJESWARI, I.F.S.,
MEMBER SECRETARY

STATE LEVEL ENVIRONMENT IMPACT
ASSESSMENT AUTHORITY - TAMIL NADU

3rd Floor, Panagal Maaligai,
No.1, Jeeris Road, Saidapet,
Chennai-15.

Phone No. 044-24359973

Fax No. 044-24359975

ENVIRONMENTAL CLEARANCE (EC)

Letter No. SEIAA-TN/E.No.7493/EC/8(a)/783/2021 dated: 23.08.2021

To

M/s. Virgo Realtors Pvt Ltd,
Plaza House,
Old No.3, New No. 5, Thirumurthy Street,
T.Nagar, Chennai - 600 017.

Sir,

Sub: SEIAA, TN - Environmental Clearance - Construction project of additional & alteration in the existing residential cum commercial building into hospital by M/s. Virgo Realtors Pvt Ltd. at S.F. Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C of Kovilambakkam Village, Tambaram Taluk, Chengalpattu District, Tamil Nadu - Issued - Regarding.

- Ref: 1. Online Proposal No. SLA/TN/MIS/146384/2020, dated: 29.02.2020
2. Your application for Environmental Clearance dated: 09.03.2020
3. Minutes of the 181st SEAC meeting held on 10.10.2020
4. PP reply dated 20.11.2020
5. Minutes of the 204th SEAC meeting held on 25.02.2021
6. PP reply dated 23.04.2021
7. Minutes of the 213th SEAC meeting held on 11.06.2021
8. PP reply dated 06.07.2021
9. Minutes of the 220th SEAC meeting held on 20.07.2021
10. Minutes of the 454th SEIAA meeting held on 16.08.2021




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SEIAA-TN

This has reference to your application 2nd cited, the proposal is for obtaining Environmental Clearance to Construction project of additional & alteration in the existing residential cum commercial building into hospital under Category B2 and Schedule S.No. 8(a) under the Environment Impact Assessment Notification, 2006, as amended.

The Competent Authority and Authorized Signatory furnished the detailed information in Form I, Form I/A and liquidate enclosures are as Annexures:

Annexure 1

PROJECT DETAILS			
SL No	Description	Details	
1)	Name of the Project proponent and address	M/s. Virgo Realtors Pvt Ltd, Plaza House, Old No.3, New No. 5, Thirumurthy Street, T.Nagar, Chennai - 600 017.	
2)	Proposed Activity	Construction project of additional & alteration in the existing residential cum commercial building into hospital	
3)	Schedule No.	8(a)	
4)	Project Location		
	i) Survey No	18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C	
	ii) Revenue Village	Kovilambakkam Village	
	iii) Taluk	Tambaram Taluk	
	iv) District	Chengalpattu District	
	v) Latitude & Longitude	12°56'55.4"N	80°11'21.85"E
		12°56'55.31"N	80°11'23.52"E
		12°56'51.90"N	80°11'22.13"E
		12°56'51.74"N	80°11'20.78"E
5)	Area of the Land	5088 Sq.m	
6)	Built up Area	25139.33 Sq.m	
7)	Brief description of the project.	The project consists of the construction of Ramp which is connected to all the 12 Floors (Block I – Double Basement + GP – 12 Floors)	



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		No. of Beds - 150 Nos.				
		Description (Block 1)	FSI Area (Sqm)	Non FSI Area (Sqm)	Parking (Sqm)	Total Built Up Area (Sqm)
		Basement 1	--	145.44	2059.23	2204.67
		Basement 2	--	151.86	2169.70	2321.56
		Ground Floor	1531.86	206.51	--	1738.37
		I Floor	1705.79	64.19	--	1769.98
		II Floor	1691.25	47.76	--	1739.01
		III Floor	1871.76	47.76	--	1919.52
		IV Floor	1105.56	47.76	--	1153.32
		V Floor	1693.38	47.76	--	1741.14
		VI Floor	1506.16	47.76	--	1553.92
		VII Floor	1451.88	47.76	--	1499.64
		VIII Floor	1451.88	47.76	--	1499.64
		IX Floor	1451.88	47.76	--	1499.64
		X Floor	1451.88	47.76	--	1499.64
		XI Floor	1451.88	47.76	--	1499.64
		XII Floor	1451.88	47.76	--	1499.64
		Total	19817.04	1093.36	4228.93	25139.33
8)	Green Belt area	837 Sq.m.				
9)	Parking facilities	Parking facility of 4655 Sq.m is provided for 99 cars and 107 two wheelers				
10)	UTILITIES- WATER					
	Total Water Requirement	118 kLD				
	a) Source from where the water is proposed to be drawn	St. Thomas Mount Panchayat Union				
	i) Domestic water requirement	65 kLD				
	ii) Pathology,	5 kLD				



Rajendran P.
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	Laboratory & CSSD	
	iii) Flushing	45 kLD
	iv) Greenbelt development	3 kLD
II)	Waste Water	
	i) Sewage	Sewage Generation – 104 kLD Effluent Generation – 4.5 kLD
	ii) Details of Treatment	Sewage Treatment Plant – 120 kLD (MBBR technology) 1. Bar screen chamber 2. Equalization tank 3. Aeration tank 4. Settling tank 5. Clarified water tank 6. Sludge holding tank 7. Pressure sand filter 8. Activated carbon filter 9. UF feed tank 10. UF treated water tank 11. UV disinfection system Effluent Treatment Plant – 10 kLD 1. Bar screen chamber 2. Neutralization cum Aeration tank 3. Flash Mixer 4. Settling tank 5. Pressure sand filter 6. Activated carbon filter 7. Treated water tank 8. Chlorine dosing system
	iii) Mode of Disposal with quantity	Flushing – 45 kLD Greenbelt development – 3 kLD Avenue illumination – 55 kLD



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12)	SOLID WASTE	
	i) Municipal Solid Waste	602 kg/day
	ii) Biodegradable - 361 kg/day	Will be treated in organic waste converter within the project site. Manure generated will be used for landscaping purpose within project site.
	iii) Non-Biodegradable - 241 kg/day	Waste will be sold to authorized recyclers.
	iv) STP sludge - 14 kg/day	Will be co-composted with biodegradable waste and the same will be used as manure for greenbelt development.
	v) Bio medical waste - 660 kg/day	Common Bio-Medical Waste Treatment Facility
13)	POWER REQUIREMENT	
	i) Electricity Board	1000 kVA from TANGEDCO
	ii) DG sets	1 No. of 1000 kVA with AMF (Automatic Main Failure); 1 No. of 1000 kVA standby
	iii) Stack Height	56 m
14)	Project Cost	Rs. 68.02 Crores
15)	Provision for rain water harvesting	Percolation pits – 35 Nos.
16)	EMP Cost	<u>For Operation Phase:</u> Capital Cost – Rs. 164.42 Lakhs Operation Cost – Rs. 35.1 Lakhs per annum
17)	CER activities with the specific allocation of funds	Rs. 136 Lakhs will be spent towards CER

Annexure 2 - Affidavit

The proponent has furnished affidavit in Fifty Rupees stamp paper attested by the Notary stating that



[Signature]
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I, Mr. S. Kamalanathan, Project Manager, represent M/s. Virgo Realtors Pvt Limited, Plaza House, Old No.3, New No. 5, Thirumurthy Street, T. Nagar, Chennai - 600117. We have Proposed for the Modification & Expansion of Residential cum Commercial Building to Hospital Building at S.F. Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C in Kovilambakkam Village, Tambaram Taluk, Chengalpattu District, Tamil Nadu. An application submitted by us seeking Environmental Clearance under the EIA Notification, 2006 is under scrutiny in the Authority. I am furnishing the following undertaking to the Authority, hereby solemnly affirm and state as follows:-

We commit to SEIAA that the total freshwater requirement for our Hospital building is 70 KLD. The required water will be met through St. Thomas Mount Panchayat Union. The required permission from the competent Authority for supply of fresh water have obtained through Letter Number Na.Ka. No. 85/2021/B1 dated 18.06.2021.

We commit to SEIAA that the total quantity of wastewater generated from the proposed project is 104 kLD which will be treated in the STP of 120 kLD. The treated wastewater generation is 99 kLD out of which 45 kLD will be used for flushing, 3 kLD will be used for greenbelt and 51 kLD for Avenue plantation. The effluent generated from the proposed project is 4.5kLD which will be treated in ETP of 10 kLD. The treated water of 4kLD will be disposed through Avenue plantation.

We commit to SEIAA that the Total Municipal Solid waste generated from the development will be 602 kg/day in which 361 kg/day is Biodegradable waste, which will be treated in Organic waste converter within the project site and 241 kg/day of non-Biodegradable waste will be sold to recyclers. The total quantity of Biomedical waste generation is 660 kg/day which will be collected, Transported, treated through TNPCB Authorized Biomedical waste recyclers. Disposal Agreement has already been made with Sri Kauvery Medical Care (India) Ltd.

As per the MoEF&CC Office Memorandum F.No. 22-65/2017-1A.III dated:30.09.2020 & 20.10.2020 the activities for CER are listed below and included in the EMP.

Schools: CER fund will be spent in the local Government Schools - 2Nos. in Kovilambakkam Village (Government Primary School, Periya Kovilambakkam - 0.53 km, SE; Government Hr Sec School, Kovilambakkam - 0.60 km, SE).



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S. No.	CER Activity	Capital cost Allocation (In Lakhs)
1	Provision of basic amenities such as safe Drinking water, Hygienic toilet facilities, Furniture's and Solar Lights to a Government Higher Secondary School, Kovilambakkam.	36
2	Kovilambakkam Eri — Desilting, bund strengthening and Plantation of trees & grass cover in bunds to prevent soil erosion.	100
Total Cost Allocation		136

We assure that we are liable for the operation and maintenance of STP, ETP for a period of 10 year from the date of operation of the project.

We also assure that the storm water drain would not carry any untreated or treated sewage.

We also assure that our project site does not encroach any water bodies such as rivers, canals, nallas, lakes, ponds, tanks, etc., from its original boundary.

We also assure that no litigations are pending against the project.

Commitment signed by me as an Authorized signatory of the Project Proponent before the SEIAA, Tamil Nadu.

SEAC Recommendations:

The proposal was placed in 220th meeting of SEAC held on 20.07.2021. Based on the presentation and documents furnished by the project proponent, SEAC decided to recommend the proposal for the grant of issue of Environmental Clearance subject to the following specific conditions in addition to normal conditions:

1. The proponent shall prepare a detailed revised plan for converting the residential apartment into hospital with due approval from the competent authorities, as required.
2. The project proponent shall provide adequate capacity of sewage treatment plant & Grey Water Treatment plant as committed to achieve the standards prescribed by the TNPCB/CPCB.
3. The proponent shall make proper arrangements for the disposal of the treated sewage and grey water from the proposed site for toilet flushing & green belt development.



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4. The sludge generated from the sewage Treatment plant shall be collected and dewatered using filter press and the same shall be utilized as manure for green belt development after composting.
5. The proponent shall provide the separate wall between the STP and OSR area as per the layout furnished and committed.
6. The proponent shall furnish approved planning permission from CMDA for the proposed alteration of existing residential cum commercial building into hospital to TNPCB before obtaining CTE.
7. The project proponent shall measure the criteria air pollutants data due to traffic again before getting consent to operate from TNPCB.
8. The project proponent shall provide adequate DG set stack height as per CPCB Norms.
9. The project proponent shall provide adequate capacity of organic waste convertor for the food waste within the project premises and the compost shall be utilized for developing green belt area.
10. The project proponent shall obtain the necessary authorization from TNPCB and strictly follow the Hazardous & Other Wastes (Management and Trans-boundary Movement) Rule, 2016, as amended for the generation of Hazardous waste within the premises.
11. The project proponent shall allot necessary area for the collection of E-waste and strictly follow the E-Waste Management Rule, 2015, as amended for disposal of the E-waste generation within the premises.
12. The proponent shall earmark the greenbelt area with dimension and GPS coordinates all along the boundary of the project site with at least 3 meters wide and the same shall be included in the layout out plan to be submitted for CMDA/DTCP approval. The total green belt area should be minimum of 15% of the total area and the same shall not be used for car parking.
13. The Proponent shall provide rainwater harvesting sump of adequate capacity for collecting the runoff from rooftops as committed.
14. The proponent shall provide adequate storm water management provisions within the project site as committed.



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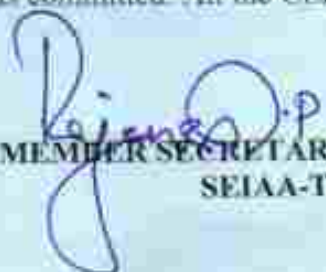
15. The Proponent shall submit commitment letter for details of Solar power utilization, CER including smart class facilities for all the Govt. schools nearby Villages the proposed project site, & disposal of E- Waste to TNPCB authorized within the state.
16. All the mitigation measures committed by the proponent for the flood management and to avoid pollution in Air, Noise, Solid waste disposal, Sewage treatment & disposal, etc., shall be followed strictly.
17. The project proponent shall provide entry and exit points for the OSR area, community Hall, play area as per the norms for the public usage as committed.
18. The project proponent shall furnish commitment for post-COVID health management for construction workers as per ICMR and MHA or the State Government guidelines as committed for during SEAC meeting.
19. The project proponent shall appoint permanent medical officer in the project site for continuous monitoring the health of construction workers during COVID and Post - COVID period.
20. The Proponent shall provide the dispenser for the disposal of sanitary Napkins.
21. Solar energy application should be at least 10% of total energy utilization. Application of solar energy should be utilized maximum for illumination of common areas, street lighting, etc.
22. As per the MoEF & CC Office Memorandum F.No. 22-65/2017-IA.III dated: 30.09.2020 & 20.10.2020 the proponent shall furnish the detailed EMP mentioning all the activities, as proposed in the CER and furnish the same before placing the subject to SEIAA.

SEIAA Recommendations

The subject was placed in the 454th meeting of SEIAA held on 16.08.2021. After detailed discussions, the Authority unanimously accepted the recommendation of SEAC and decided to grant Environmental Clearance subject to the conditions as recommended by SEAC & normal condition in addition to the following condition.

1. As per the MoEF&CC office memorandum F.No.22-65/2017-IA.III dated: 30.09.2020 and 20.10.2020 the proponent shall furnish the detailed EMP, mentioning all the CER activities for Rs 136 Lakhs as committed. All the CER




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activity shall be carried out before obtaining CTO from TNPCB.

Part - A - Common conditions applicable for Pre-construction, Construction and Operational Phases

Part - B - Specific Conditions - Pre construction phase

Part - C - Specific Conditions - Construction phase

Part - D - Specific Conditions - Operational Phase/Post constructional Phase / Entire life of the project.

Validity:

The SEIAA hereby accords Environmental Clearance to the above project under the provisions of EIA Notification dated 14th September, 2006 as amended, with validity for Seven years from the date of issue of EC, subject to the compliance of the terms and conditions stipulated below:

Part - A - Common conditions applicable for Pre-construction, Construction and Operational Phases:

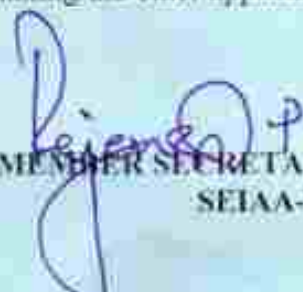
1. Any appeal against this Environmental Clearance shall lie with the Hon'ble National Green Tribunal, if preferred, within a period of 30 days as prescribed under Section 16 of the National Green Tribunal Act, 2010.
2. The construction of STP, ETP, Solid Waste Management facility, E-waste management facility, DG sets, etc., should be made in the earmarked area only. In any case, the location of these utilities should not be changed later on.
3. The Environmental safeguards contained in the application of the proponent /mentioned during the presentation before the State Level Environment Impact Assessment Authority / State Level Expert Appraisal Committee should be implemented in the letter and spirit.
4. All other statutory clearances such as the approvals for storage of diesel from Chief Controller of Explosives, Fire and Rescue Services Department, Civil Aviation Department, Forest Conservation Act, 1980 and Wild Life (Protection) Act, 1972, State / Central Ground Water Authority, Coastal Regulatory Zone Authority, other statutory and other authorities as applicable to the project shall be obtained by project proponent from the concerned competent authorities.



Devidas P
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5. The SEIAA reserves the right to add additional safeguard measures subsequently, if non-compliance of any of the EC conditions is found and to take action, including revoking of this Environmental Clearance as the case may be.
6. A proper record showing compliance of all the conditions of Environmental Clearance shall be maintained and made available at all the times.
7. The environmental statement for each financial year ending 31st March in Form-V as is mandated to be submitted by the project proponent to the concerned State Pollution Control Board as prescribed under the Environment (Protection) Rules, 1986, as amended subsequently, shall also be put on the website of the company. The status of compliance of environmental clearance conditions and shall also be sent to the Regional Office of the Ministry of Environment and Forests, Chennai by e-mail.
8. The Regional Office of the Ministry located at Chennai shall monitor compliance of the stipulated conditions. The project authorities should extend full cooperation to the officer (s) of the Regional Office by furnishing the requisite data / information / monitoring reports.
9. "Consent for Establishment" shall be obtained from the Tamil Nadu Pollution Control Board and a copy shall be submitted to the SEIAA, Tamil Nadu.
10. In the case of any change(s) in the scope of the project, a fresh appraisal by the SEAC/SEIAA shall be obtained before implementation.
11. The conditions will be enforced inter-alia, under the provisions of the Water (Prevention & Control of Pollution) Act, 1974, the Air (Prevention & Control of Pollution) Act, 1981, the Environment (Protection) Act, 1986, the Public Liability Insurance Act, 1991, along with their amendments, draft Minor Mineral Conservation & Development Rules, 2010 framed under MMDR Act 1957, National Commission for protection of Child Right Rules, 2006 and rules made there under and also any other orders passed by the Hon'ble Supreme Court of India/Hon'ble High Court of Madras and any other Courts of Law, including the Hon'ble National Green Tribunal relating to the subject matter.
12. The Environmental Clearance shall not be cited for relaxing the other applicable rules to this project.




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13. Failure to comply with any of the conditions mentioned above may result in withdrawal of this clearance and attract action under the provisions of the Environment (Protection) Act, 1986.
14. The proponent shall upload the status of compliance of the stipulated EC conditions, including results of monitored data on their website and shall update the same periodically. It shall simultaneously be sent to the Regional Office of MoEF, Chennai, the respective Zonal Office of CPCB, Bengaluru and the TNPCB. The criteria pollutant levels namely: PM_{10} , $PM_{2.5}$, SO_2 , NO_x (ambient levels as well as stack emissions) or critical sectoral parameters, indicated for the project shall be monitored.
15. The SEIAA, TN may cancel the Environmental Clearance granted to this project under the provisions of EIA Notification, 2006, if, at any stage of the validity of this environmental clearance, if it is found or if it comes to the knowledge of this SEIAA, TN that the project proponent has deliberately concealed and/or submitted false or misleading information or inadequate data for obtaining the Environmental Clearance.
16. The Environmental Clearance does not imply that the other statutory / administrative clearances shall be granted to the project by the concerned authorities. Such authorities would be considering the project on merits and be taking decisions independently of the Environmental Clearance.
17. The SEIAA, TN may alter/modify the above conditions or stipulate any further condition in the interest of environment protection, even during the subsequent period.
18. The Environmental Clearance does not absolve the applicant/proponent of his obligation/requirement to obtain other statutory and administrative clearances from other statutory and administrative authorities.
19. Where the trees need to be cut, compensation plantation in the ratio of 1:10 (i.e. planting of 10 trees for every one tree that is cut) should be done with the obligation to continue maintenance.
20. A separate environmental management cell with suitable qualified personnel should be set-up under the control of a Senior Executive who will report directly



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- to the Head of the Organization and the shortfall shall be strictly reviewed and addressed.
21. The EMP cost shall be deposited in a nationalized bank by opening separate account and the head wise expenses statement shall be submitted to TNPCB with a copy to SEIAA annually.
 22. The Project Proponent has to provide 35 Nos. of rain water harvesting pits and rain water collection sump capacity to recover and reuse the rain water during normal rains as reported.
 23. The project activity should not cause any disturbance & deterioration of the local bio diversity.
 24. The project activity should not impact the water bodies. A detailed inventory of the water bodies and forest should be evaluated and fact reported to the Forest Department & PWD for monitoring.
 25. All the assessed flora & fauna should be conserved and protected.
 26. The proponent should strictly comply with, Tamil Nadu Government Order (Ms) No.84 Environment and forests (EC-2) Department dated 25.06.2018 regarding ban on one-time use and throwaway plastics irrespective of thickness with effect from 01.01.2019 under Environment (Protection) Act, 1986.
 27. Necessary permission shall be obtained from the competent authority for the drawl / outsourcing of fresh water before obtaining consent from TNPCB.
 28. The proponent shall appoint an Environmental Engineer with necessary qualification for the operation and maintenance of STP (Sewage Treatment Plant) and GWTP (grey water Treatment Plant)
 29. The Proponent shall provide the dispenser for the disposal of Sanitary Napkins.
 30. All the mitigation measures committed by the proponent for the flood management, Solid waste disposal, Sewage treatment & disposal etc., shall be followed strictly.
 31. No waste of any type to be disposed of in any watercourse including drains, canals and the surrounding environment.
 32. Traffic congestion near the entry and exit points from the roads adjoining the proposed project site must be avoided.




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33. The safety measures proposed in the report should be strictly followed.

Part - B – Specific Conditions – Pre construction phase:

1. The project authorities should advertise with basic details at least in two local newspapers widely circulated, one of which shall be in the vernacular language of the locality concerned, within 7 days of the issue of clearance. The press releases also mention that a copy of the clearance letter is available with the State Pollution Control Board and also at website of SEIAA, TN. The copy of the press release should be forwarded to the Regional Office of the Ministry of Environment and Forests located at Chennai and SEIAA-TN.
2. In the case of any change(s) in the scope of the project, a fresh appraisal by the SEAC/SEIAA shall be obtained before implementation.
3. A copy of the clearance letter shall be sent by the proponent to the Local Body. The clearance letter shall also be put on the website of the Proponent.
4. The approval of the competent authority shall be obtained for structural safety of the buildings during earthquake, adequacy of firefighting equipments, etc. as per National Building Code including protection measures from lightning etc. before commencement of the work.
5. All required sanitary and hygienic measures for the workers should be in place before starting construction activities and they have to be maintained throughout the construction phase.
6. Design of buildings should be in conformity with the Seismic Zone Classifications.
7. The Construction of the structures should be undertaken as per the plans approved by the concerned local authorities/local administration.
8. No construction activity of any kind shall be taken up in the OSR area.
9. Consent of the local body concerned should be obtained for using the treated sewage in the OSR area for gardening purpose. The quality of treated sewage shall satisfy the hatching quality prescribed by the CPCB.
10. The height and coverage of the constructions shall be in accordance with the existing FSI/FAR norms as per PWD Building Regulation Zone Notification, 2011.



[Signature]
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11. The Project Proponent shall provide car parking exclusively for the visiting guest in the proposed residential apartments as per CMDA norms.
12. The project proponent shall ensure the entry of basement shall be above maximum flood level.
13. The proponent shall prepare completion plans showing Separate pipelines marked with different colours with the following details:
 - i. Location of STP, compost system, underground sewer line,
 - ii. Pipe Line conveying the treated effluent for green belt development.
 - iii. Pipe Line conveying the treated effluent for toilet flushing
 - iv. Water supply pipeline
 - v. Gas supply pipe line, if proposed
 - vi. Telephone cable
 - vii. Power cable
 - viii. Storm water drains, and
 - ix. Rain water harvesting system, etc. and it shall be made available to the owners
14. A First Aid Room shall be provided in the project site during the entire construction and operation phases of the project.
15. The present land use surrounding the project site shall not be disturbed at any point of time
16. The green belt area shall be planted with indigenous native trees.
17. Natural vegetation listed particularly the trees shall not be removed during the construction/operation phase. In case any trees are likely to be disturbed, shall be replanted.
18. During the construction and operation phase, there should be no disturbance to the aquatic eco-system within and outside the area.
19. The Provisions of Forest conservation Act 1980, Wild Life Protection Act 1972 & Bio diversity Act 2002 should not be violated.
20. There should be Firefighting plan and all required safety plan.
21. Regular fire drills should be held to create awareness among owners/ residents.



Kejendrap
MEMBER SECRETARY
SEIAA-TN

Part - C - Specific Conditions – Construction phase:**1. Construction Schedule:**

- i) The Project proponent shall have to furnish the probable date of commissioning of the project supported with necessary bar charts to SEIAA-TN.

2. Labour Welfare:

- i) All the laborers to be engaged for construction should be screened for health and adequately treated before and during their employment on the work at the site.
- ii) Personnel working in dusty areas should wear protective respiratory devices and they should also be provided with adequate training and information on safety and health aspects. Occupational health surveillance program of the workers should be undertaken periodically to observe any contradictions due to exposure to dust and take corrective measures, if needed.
- iii) Periodical medical examination of the workers engaged in the project shall be carried out and records maintained. For the purpose, schedule of health examination of the workers should be drawn and followed accordingly. The workers shall be provided with personnel protective measures such as masks, gloves, boots etc.

3. Water Supply:

- i) The entire water requirement during construction phase may be met from private tankers
- ii) Provision shall be made for the housing labour within the site with all necessary infrastructures and facilities such as fuel for cooking, mobile toilets, mobile STP, safe drinking water, medical health care, crèche etc. The housing may be in the form of temporary structures to be removed after the completion of the project.
- iii) Adequate drinking water and sanitary facilities should be provided for construction workers at the site. The treatment and disposal of waste water shall be through decontamination tank after treatment through septic



[Signature]
MEMBER SECRETARY
SEIAA-TN

tank. The MSW generated shall be disposed through Local Body and the identified dumpsite only.

- iv) Water demand during construction should be reduced by use of pre-mixed concrete, curing agents and other best practices prevalent.
- v) Fixtures for showers, toilet flushing and drinking water should be of low flow type by adopting the use of aerators / pressure reducing devises / sensor based control.

4. Solid Waste Management:

- i) In the solid waste management plan, the STP sludge management plan for direct use as manure for gardens is not acceptable; it must be co-composted with biodegradables.
- ii) Hazardous waste such as batteries, small electronics, CFL bulbs, expired medicines and used cleaning solvent bottles should be segregated at source, collected once in a month from residences and disposed as per the SWM Rules 2016.
- iii) Domestic solid wastes to be regularly collected in bins or waste handling receptacles and disposed as per the solid waste management rules 2016.
- iv) No waste of any type to be disposed of in any watercourse including drains, canals and the surrounding environment.
- v) E-waste shall be disposed through Authorized vendor as per E-waste (Management and Handling) Rules, 2016 and subsequent amendment.

5. Top Soil Management:

- i) All the top soil excavated during construction activities should be stored for use in horticulture/ landscape development within the project site.

6. Construction Debris disposal:

- i) Disposal of construction debris during construction phase should not create any adverse effect on the neighboring communities and be disposed off only in approved sites, with the approval of Competent Authority with necessary precautions for general safety and health aspects of the people. The construction and demolition waste shall be managed as per Construction & Demolition Waste Management Rules, 2016.



[Signature]
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SEIAA-TN

- ii) Construction spoils, including bituminous materials and other hazardous materials, must not be allowed to contaminate watercourses. The dump sites for such materials must be secured so that they should not leach into the adjacent land/ lake/ stream etc.

7. Diesel Generator sets:

- i) Low Sulphur Diesel shall be used for operating diesel generator sets to be used during construction phase. The air and noise emission shall conform to the standards prescribed in the Rules under the Environment (Protection) Act, 1986, and the Rules framed thereon.
- ii) The diesel required for operating stand by DG sets shall be stored in barrels fulfilling the safety norms and if required, clearance from Chief Controller of Explosives shall be taken.
- iii) The acoustic enclosures shall be installed at all noise generating equipments such as DG sets, air conditioning systems, cooling water tower etc.

8. Air & Noise Pollution Control:

- i) Vehicles hired for bringing construction materials to the site should be in good condition and should conform to air and noise emission standards, prescribed by TNPCB/CPCB. The vehicles should be operated only during non-peak hours.
- ii) Ambient air and noise levels should conform to residential standards prescribed by the TNPCB, both during day and night. Incremental pollution loads on the ambient air and noise quality should be closely monitored during the construction phase. The pollution abatement measures shall be strictly implemented.
- iii) Traffic congestion near the entry and exit points from the roads adjoining the proposed project site shall be avoided. Parking shall be fully internalized and no public space should be utilized. Parking plan to be as per CMDA norms. The traffic department shall be consulted and any cost effective traffic regulative facility shall be met before commissioning.



Riyansh
MEMBER SECRETARY
SEIAA-TN

- iv) The buildings should have adequate distance between them to allow free movement of fresh air and passage of natural light, air and ventilation.
- v) The project proponent should ensure that adequate Air Pollution Control measures shall be provided from buses and other vehicles, which will be entering the bus terminal. Further, water sprinkling system shall be provided and same shall be used at regular interval to control the dust emission within the project site.

9. Building material:

- i) Fly-ash blocks should be used as building material in the construction as per the provision of Fly ash Notification of September, 1999 and amended as on 27th August, 2003 and Notification No. S.O. 2807 (E) dated: 03.11.2009.
- ii) Ready-mix concrete shall alone be used in building construction and necessary cube-tests should be conducted to ascertain their quality.
- iii) Use of glass shall be reduced up to 40% to reduce the electricity consumption and load on air conditioning. If necessary, high quality double glass with special reflecting coating shall be used in windows.

10. Storm Water Drainage:

- i) Storm water management around the site and on site shall be established by following the guidelines laid down by the storm water manual.
- ii) Storm water management plan shall be obtained by engaging the services of Anna University/IIT.

11. Energy Conservation Measures:

- i) Roof should meet prescriptive requirement as per Energy Conservation Building Code by using appropriate thermal insulation material, to fulfill the requirement.
- ii) Opaque wall should meet prescribed requirement as per Energy Conservation Building Code which is mandatory for all air conditioned spaces by use of appropriate thermal insulation material to fulfill the requirement.



Keishan P.
MEMBER SECRETARY
SEIAA-TN

- iii). All norms of Energy Conservation Building Code (ECBC) and National Building Code, 2005 as energy conservation have to be adopted Solar lights shall be provided for illumination of common areas.
- iv). Application of solar energy should be incorporated for illumination of common areas, lighting for gardens and street lighting. A hybrids system or fully solar system for a portion of the apartments shall be provided.
- v). A report on the energy conservation measures conforming to energy conservation norms prescribed by the Bureau of Energy Efficiency shall be prepared incorporating details about building materials & technology; R & U factors etc and submitted to the SEIAA in three month's time.
- vi). Energy conservation measures like installation of CFLs/TFLs for lighting the areas outside the building should be integral part of the project design and should be in place before project commissioning.

12. Fire Safety:

- i). Adequate fire protection equipments and rescue arrangements should be made as per the prescribed standards.
- ii). Proper and free approach road for fire-fighting vehicles upto the buildings and for rescue operations in the event of emergency shall be made.

13. Green Belt Development:

- i). The Project Proponent shall plant tree species with large potential for carbon capture in the proposed green belt area based on the recommendation of the Forest department well before the project is completed.
- ii). The proponent has to earmark the greenbelt area with dimension and GPS coordinates for the green belt area all along the boundary of the project site with at least 3 meter wide and the same shall be included in the layout out plan to be submitted for CMDA/DTCP approval.
- iii). The proponent shall develop the green belt as per the plan furnished and area earmarked for the greenbelt shall not be alter at any point of time for any other purpose.




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SEIAA-TN

14. Sewage Treatment Plant:

- i) The Sewage Treatment Plant (STP) installed should be certified by an independent expert/ reputed Academic institutions for its adequacy and a report in this regard should be submitted to the SEIAA, TN before the project is commissioned for operation. Explore the less power consuming systems viz baffle reactor, etc., for the treatment of sewage.
- ii) The Proponent shall install STP as furnished. Any alteration to satisfy the bathing quality shall be informed to SEIAA-TN.
- iii) The project proponent shall operate and maintain the Sewage treatment Plant and Effluent treatment plant effectively to meet out the standards prescribed by the CPCB.
- iv) The project proponent shall continuously operate and maintain the Sewage treatment plant and Grey water / Effluent treatment plant to achieve the standards prescribed by the CPCB.
- v) The project proponent has to ensure the complete recycling of treated Sewage & Effluent water after achieving the standards prescribed by the CPCB.
- vi) The project proponent has to provide separate standby D.G set for the STP/GWTP for the continuous operation of the STP/GWTP in case of power failure.

15. Rain Water Harvesting:

- i) The proponent shall ensure that roof rain water collected from the covered roof of the buildings, etc shall be harvested so as to ensure the maximum beneficiation of rain water harvesting by constructing adequate sumps so that 100% of the harvested water shall be reused.
- ii) Rain water harvesting for surface run-off, as per plan submitted should be implemented. Before recharging the surface run off, pre-treatment with screens, settlers etc. must be done to remove suspended matter, oil and grease, etc.
- iii) The Project Proponent has to provide 35 Nos. of rain water harvesting pits and rain water collection sump capacity to recover and reuse the rain water during normal rains reported.




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SEIAA-TN

- iv) The project activity should not cause any disturbance & deterioration of the local bio diversity.

16. Building Safety:

Lightning arrester shall be properly designed and installed at top of the building and where ever is necessary.

Part - D - Specific Conditions - Operational Phase/Post constructional phase/Entire life of the project:

1. There should be Firefighting plan and all required safety plan.
2. Regular fire drills should be held to create awareness among owners/ residents.
3. Hazardous waste such as batteries, small electronics, CFL bulbs, expired medicines and used cleaning solvent bottles should be segregated at source, collected once in a month from residences and disposed as per the SWM Rules 2016.
4. The building should not spoil the green views and aesthetics of surroundings and should provide enough clean air space.
5. Solar energy saving shall be increased to atleast 10% of total energy utilization.
6. The Project proponent has to spend the CER as committed in the affidavit. The above activity shall be carried out before obtaining CTO from TNPCB.
7. The EMP cost shall be deposited in a nationalized bank by opening separate account and the head wise expenses statement shall be submitted to TNPCB with a copy to SEIAA annually.
8. The EMP cost shall be printed in the Brochure / Pamphlet for the preparation of the sale of the property and should also mention the component involved.
9. The Project proponent shall get due permission from the wetland Authority before the commencement of the work, if applicable.
10. The Project proponent should discuss with the wet land Authority, Tamil Nadu Forest Department, PWD and support lake restoration cum improvement, awareness and conservation programs.
11. The project activities should in no way disturb the manmade structures.



Rajendra P.
MEMBER SECRETARY
SEIAA-TN

12. The Proponent shall do afforestation/ restoration programme contemplated to strengthen the open spaces shall preferably include native species along with the financial forecast for planting and maintenance for 5 years.
13. "Consent to Operate" should be obtained from the Tamil Nadu pollution Control Board before the start of the operation of the project and copy shall be submitted to the SEIAA-TN.
14. Raw water quality to be checked for portability and if necessary RO plant shall be provided.
15. The Proponent should be responsible for the maintenance of common facilities including greening, rain water harvesting, sewage treatment and disposal, solid waste disposal and environmental monitoring including terrace gardening for a period of 3 years. Within one year after handing over the flats to all allottees a viable society or an association among the allottees shall be formed to take responsibility of continuous maintenance of all facilities with required agreements for compliance of all conditions furnished in Environment Clearance (EC) order issued by the SEIAA-TN or the Proponent himself shall maintain all the above facilities for the entire period. The copy of MOU between the buyers Association and proponent shall be communicated to SEIAA-TN.
16. The ground water level and its quality should be monitored and recorded regularly in consultation with Ground Water Authority.
17. Treated effluent emanating from STP shall be recycled / reused to the maximum extent possible. The treated sewage shall conform to the norms and standards for bathing quality laid down by CPCB irrespective of any use. Necessary measures should be made to mitigate the odour and mosquito problem from STP.
18. The Proponent shall operate STP continuously by providing stand by DG set in case of power failure.
19. It is the sole responsibility of the proponent that the treated sewage water disposed for green belt development/ avenue plantation should not pollute the soil/ ground water/ adjacent canals/ lakes/ ponds, etc.




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20. Adequate measures should be taken to prevent odour emanating from solid waste processing plant and STP.
21. The e - waste generated should be collected and disposed to a nearby authorized e-waste centre as per E- waste (Management & Handling), Rules 2016 as amended.
22. Diesel power generating sets proposed as source of back-up power during operation phase should be of enclosed type and conform to rules made under the Environment (Protection) Act, 1986. The height of stack of DG sets should be equal to the height needed for the combined capacity of all proposed DG sets.
23. The noise level shall be maintained as per MoEF/CPCB/INPCB guidelines/norms both during day and night time.
24. Spent oil from D.G sets should be stored in HDPE drums in an isolated covered facility and disposed as per the Hazardous & other Wastes (Management & Transboundary Movement) Rules 2016. Spent oil from D.G sets should be disposed off through registered recyclers.
25. The proponent is required to provide a house hold hazardous waste / E-waste collection and disposal mechanism.
26. The proponent shall ensure that storm water drain provided at the project site shall be maintained without choking or without causing stagnation and should also ensure that the storm water shall be properly disposed off in the natural drainage / channels without disrupting the adjacent public. Adequate harvesting of the storm water should also be ensured.
27. Used CFLs and TFLs should be properly collected and disposed off/sent for recycling as per the prevailing guidelines/rules of the regulatory authority to avoid mercury contamination.
28. Failure to comply with any of the conditions mentioned above may result in withdrawal of this clearance and attract action under the provisions of the Environment (Protection) Act, 1986.
29. The Environmental Clearance is issued based on the documents furnished by the project proponent. In case any documents found to be incorrect/not in order at a later date the Environmental Clearance issued to the project will be deemed to be revoked/ cancelled.




MEMBER SECRETARY
SEIAA-TN

Copy to:

1. The Principal Secretary to Government, Environment & Forests Dept.,
Govt. of Tamil Nadu, Fort St. George, Chennai - 9.
2. The Chairman, Central Pollution Control Board, Parivesh Bhavan,
CBD Cum-Office Complex, East Arjun Nagar, New Delhi - 110 032.
3. The Member Secretary, Tamil Nadu Pollution Control Board,
76, Mount Salai, Guindy, Chennai - 600 032.
4. The APCCF (C), Regional Office, Ministry of Environment & Forest (SZ),
34, HEPC Building, 1st & 2nd Floor, Cathedral Garden Road, Nungambakkam,
Chennai - 34.
5. Monitoring Cell, I A Division, Ministry of Environment & Forests,
Paryavaran Bhavan, CGO Complex, New Delhi - 110 003.
6. The Tahsildar, Tambaram Taluk, Chengalpattu District - 600 045.
7. Stock File.

SEIAA
TN





THIRU DEEPAK S. BHUGI, I.E.S.
MEMBER SECRETARY

STATE LEVEL ENVIRONMENT IMPACT
ASSESSMENT AUTHORITY-TAMILNADU

3rd Floor, Panagal Madhigai,
No. 1, Jeeva Road, Sandapet,
Chennai - 600 015.

Phone No. 044-24359973

Fax No. 044-24359975

NAME TRANSFER AMENDMENT IN ENVIRONMENTAL CLEARANCE (EC)

Letter No. SEIAA-TN/F.7493/EC/8(a)/783/Amend/2021/dated: 11.07.2021

To

Thiru. P. Selvaraju,
M/s. Sri Kauvery Medical Care (India) Limited,
New No. 17A, Old No. 8A, Murray's Gate Road, Alwarpet,
Chennai - 600018.

Sir,

Sub: SEIAA, TN – Amendment for name transfer of Environmental Clearance sought in the name of M/s. Sri Kauvery Medical Care (India) Limited from M/s. Virgo Realtors Pvt Ltd at S.F. Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C of Kovilambakkam Village, Tambaram Taluk, Chengalpattu District, Tamil Nadu under Category B2 and Schedule S.No. 8(a) under the Environment Impact Assessment Notification, 2006, as amended, – Name transfer – amendment issued – Regarding

- Ref: 1. Earlier EC obtained SEIAA-TN vide SEIAA-TN/F.No.7493/EC/8(a)/783/2021 dated: 23.08.2021
2. Outline Proposal No. : SIA/TN/MIS/281836/2022 Dt: 05.07.2022
3. Proponent request letter received dated 05.07.2022
4. Minutes of the 531st Authority meeting held on 11.07.2022

The Environmental Clearance was accorded to M/s. Virgo Realtors Pvt Ltd, for the proposed construction of additional & alteration in the existing residential cum commercial building into hospital at S.F. Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C of Kovilambakkam.

THIRU DEEPAK S. BHUGI, I.E.S.
MEMBER SECRETARY
SEIAA-TN
3rd Floor, Panagal Madhigai,
No. 1, Jeeva Road, Sandapet,
Chennai - 600 015.



MEMBER SECRETARY

SEIAA-TN

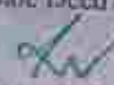
Village, Tambaram Taluk, Chengalpattu District, Tamil Nadu under Category B2 and Schedule S.No. 8(a) under the Environment Impact Assessment Notification, 2006 vide reference 1st cited.

The Project proponent (PP) in his letter under reference 3rd cited requested for transfer of the Environmental Clearance issued stated as follows:

- M/s. Virgo Realtors Pvt Ltd has obtained the Environmental Clearance from SEIAA vide Lr. No. SEIAA-TN/F.No.7493/EC/8(a)/783/2021 dated: 23.08.2021 based on Deed of Absolute sale dated 01.07.2021 between M/s. Virgo Realtors Pvt Ltd and M/s. Sri Kauvery Medical Care (India) Limited.
- We are furnishing the following undertaking to the Authority.
 - We commit to the SEIAA that there is no changes respect to Environmental Clearance obtained earlier. All the construction activity will be undertaken as per the Environmental Clearance and CMDA approval.
 - We also commit to the SEIAA that, in case of any change in the proposal we will seek the necessary approval prior to construction.
 - We are aware that we can be prosecuted under relevant Act and Rules, if we do not adhere to the above commitment.

The subject was placed before the 531st Authority meeting held on 11.07.2022. After detailed discussion, the Authority noted the following:

1. Covering letter duly signed by authorized person, P. Selvamaju – Executive Director – Purchases and Projects requesting for transfer of EC granted.
2. Details of Physical process made on the facilities for which environmental clearance was granted. Built up area – 25,139.33 Sq.m, FSI area – 19,817.04 Sq.m, non FSI area – 1,093.36 Sq.m, Parking – 4,228.93 Sq.m. and has also furnished floor wise proposed activities in the said facility.
3. Undertaking letter signed by authorized person regarding acceptance of the terms and conditions in Environmental Clearance granted.
4. No Objection issued to confirm that M/s. Virgo Realtors Pvt Ltd had conveyed the property in favour of M/s. Sri Kauvery Medical Care (India) Limited vide Registered Sale Deed dated 1st July, 2021.


JASANNA B. E. G. M.B.,
ADVOCATE & NOTARY
11-58, PULIYASSETTY
CHENGALPATTU - 605 001
94421 12345 - 7111




MEMBER SECRETARY

SEIAA-TN

5. The copy of transfer of firm from competent authority through Deed of Absolute Sale dated 1st July 2021.
6. The copy of Revised / Renewed planning permission obtained by M/s. Sri Kaveri Medical Care (India) Limited from CMDA vide Letter No. C3(S)/204/2020 dated 29.04.2022.

After detailed discussion, as per the Clause 11 of the EIA Notification dated 14th September 2006, the Authority decided to transfer the EC issued vide SEIAA-TN/F.No.7493/EC/8(a)/783/2021 dated: 23.08.2021 from M/s. Vargo Realtors Pvt Ltd to M/s. Sri Kaveri Medical Care (India) Limited.

All other conditions and the validity issued vide EC dated 23.08.2021 remains unaltered and unchanged.


MEMBER SECRETARY

SEIAA-TN

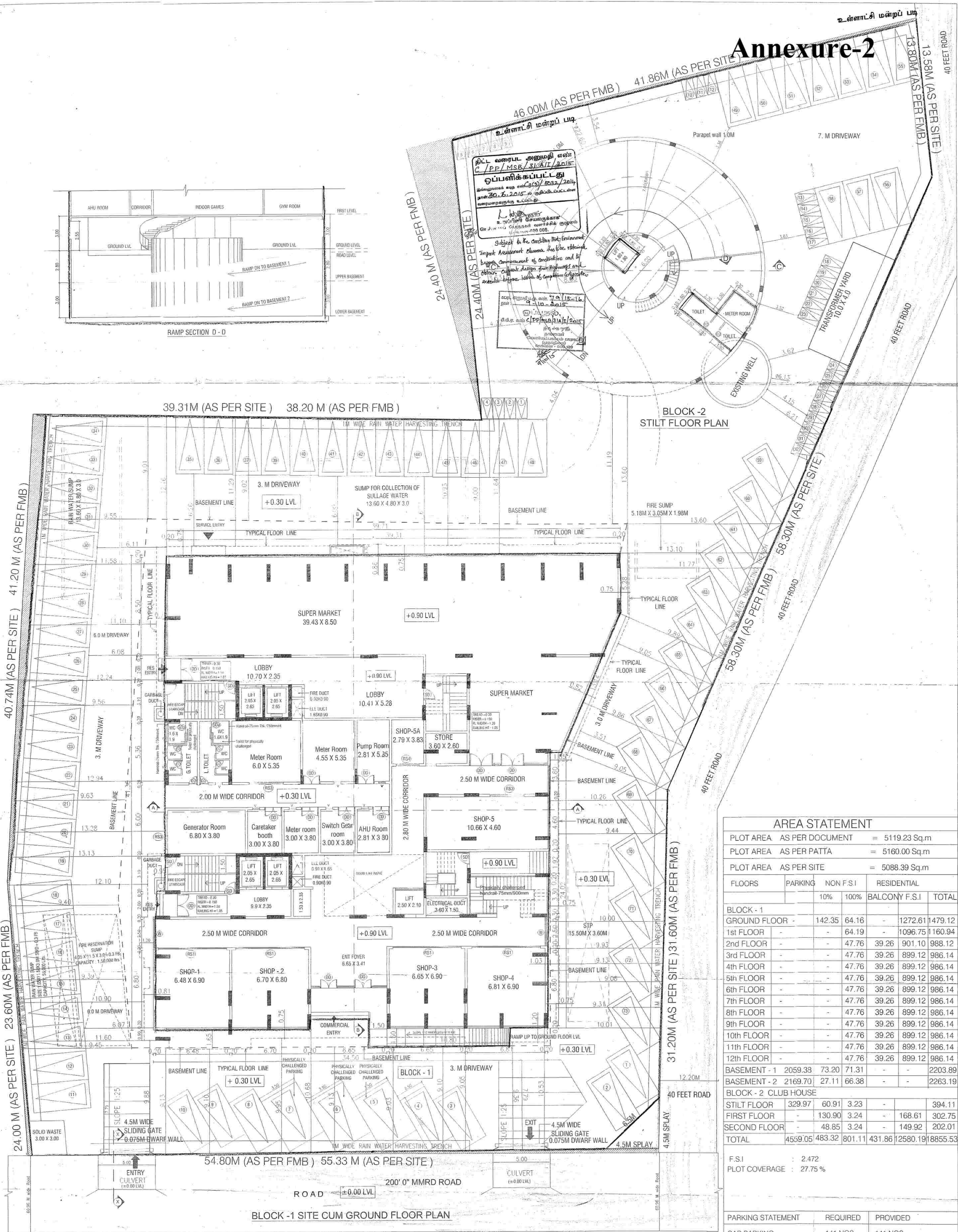
Copy to:

1. The Additional Chief Secretary to Government, Environment & Forests Dept, Govt. of Tamil Nadu, Fort St. George, Chennai - 9.
2. The Chairman, Central Pollution Control Board, Pariyesh Bhavan, CBD Com-Office Complex, East Arjun Nagar, New Delhi - 110 032.
3. The Member Secretary, Tamil Nadu Pollution Control Board, 76, Mount Salai, Guindy, Chennai - 600 032.
4. The APCCF (C), Regional Office, Ministry of Environment & Forest (SE), 34, HJPC Building, 1st & 2nd Floor, Cathedral Garden Road, Nungambakkam, Chennai - 34.
5. Monitoring Cell, 1A Division, Ministry of Environment & Forests, Pariyavaran Bhavan, CGO Complex, New Delhi - 110 003.
6. The District Collector, Collectorate, GST Road, Chengalpatt - 603001
7. Stock File.


D. PRABHAKAR, BBA, LLB,
ADVOCATE & NOTARY
210, TIRUPATI ROAD,
CHENNAI - 600 001



Annexure-2



AREA STATEMENT						
PLOT AREA	AS PER DOCUMENT	=	5119.23 Sq.m			
PLOT AREA	AS PER PATTA	=	5160.00 Sq.m			
PLOT AREA	AS PER SITE	=	5088.39 Sq.m			
FLOORS	PARKING	NON F.S.I		RESIDENTIAL		
		10%	100%	BALCONY F.S.I	TOTAL	
BLOCK - 1						
GROUND FLOOR	-	142.35	64.16	-	1272.61	1479.12
1st FLOOR	-	-	64.19	-	1096.75	1160.94
2nd FLOOR	-	-	47.76	39.26	901.10	988.12
3rd FLOOR	-	-	47.76	39.26	899.12	986.14
4th FLOOR	-	-	47.76	39.26	899.12	986.14
5th FLOOR	-	-	47.76	39.26	899.12	986.14
6th FLOOR	-	-	47.76	39.26	899.12	986.14
7th FLOOR	-	-	47.76	39.26	899.12	986.14
8th FLOOR	-	-	47.76	39.26	899.12	986.14
9th FLOOR	-	-	47.76	39.26	899.12	986.14
10th FLOOR	-	-	47.76	39.26	899.12	986.14
11th FLOOR	-	-	47.76	39.26	899.12	986.14
12th FLOOR	-	-	47.76	39.26	899.12	986.14
BASEMENT - 1	2059.38	73.20	71.31	-	-	2203.89
BASEMENT - 2	2169.70	27.11	66.38	-	-	2263.19
BLOCK - 2 CLUB HOUSE						
STILT FLOOR	329.97	60.91	3.23	-	-	394.11
FIRST FLOOR	-	130.90	3.24	-	168.61	302.75
SECOND FLOOR	-	48.85	3.24	-	149.92	202.01
TOTAL	4559.05	483.32	801.11	431.86	12580.19	18855.53

F.S.I : 2.472

PLOT COVERAGE : 27.75 %

PARKING STATEMENT		
	REQUIRED	PROVIDED
CAR PARKING	141 NOS.	141 NOS.
TWO WHEELER PARKING	30 NOS.	32 NOS.
ADDL TWO WHEELER AS PER TRAFFIC NOC.	28 NOS.	28 NOS.

PLAN SHOWING THE PROPOSED COMMERCIAL CUM RESIDENTIAL APARTMENTS AT BEARING ON SURVEY NOS. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C AT 200 FEET MMRD ROAD, KOVILAMBAKKAM VILLAGE, SHOLINGANALLUR TALUK, KANCHEEPURAM DISTRICT.

SPECIFICATIONS:		SCHEDULE OF JOINERIES	
FOUNDATION: RCC COLUMNS IN BOX 1:1:2:3		TYPE	SIZE
PROF. S.I. ALUMINUM AND SURSHADE IN BOX 1:1:2:3		RS1	6.00x2.40
JOINERY: COUNTRY WOOD DOOR FRAMES WITH FLUSH DOORS AND COUNTRY WOOD FRAME WITH GLAZED WINDOWS.		RS2	5.00x2.40
FLOORING: MOSAIC FLOORING.		RS3	3.30x2.40
WEATHERING COURSE: BRICK, JELLY LINE CONCRETE.		RS4	1.50x2.40
LAND TO SLOPE USING WEATHER PROOF TILES		DD	1.50x2.40
		SD	1.00x2.15
		SD1	1.00x2.15
		ED	1.00x2.15
		D1	0.90x2.15
		D2	0.75x2.15
		SD1	2.40x2.15
		SD2	2.10x2.15
		SD3	1.70x2.15
		SD4	3.45x2.40
		SD5	1.42x2.40
		DW1	0.90x2.15+0.80x1.05
		W	2.50x1.20
		W1	2.00x1.20

COLOUR INDEX:	
BOUNDARY	
PROPOSED	
ROAD	
OWNER :	
FOR YIBGO REALTORS PRIVATE LIMITED	
MANAGING DIRECTOR	
LICENSED SURVEYOR:	
ARCHITECT:	

SHANKARANARAYANAN B.Arch., Council of Architecture Regd. CA/97/2164 Registered Architect No. 24 Corporation of Madras

**DESIGN REPORT FOR
SEWAGE TREATMENT PLANT
CAPACITY OF - 125KLD & ULTRA FILTRATION PLANT
CAPACITY OF 30KLD @ “Kauvery Hospital”,
Kovilambakkam, Chennai**

CONTENTS

S.No	Description	Page No.
	TECHNICAL PROPOSAL	02-13
	a) Design basis	03
	b) Treatment Scheme & Process Description	04
	c) Process Design Details	06
	d) Mechanical Equipments Specifications	9
	e) Electrical Load Details	12
	f) STP Process Flow Diagram	13

DESIGN BASIS:-

The Sewage Treatment Plant is designed for a Capacity of treating
1,25,000 Liters/Day

Raw Sewage Characteristics taken for design basis:-

S.No	Description of the Parameter	Value
1	pH	6.5– 7.5
2	BOD (Biological Oxygen Demand)	300mg/lit
3	COD (Chemical Oxygen Demand)	900mg/lit
4	TSS (Total Suspended Solids)	100mg/lit
5	Oil & Grease	50mg/lit

Treated Water Characteristics:-

S.No	Description of the Parameter	Value
1	pH	6.5 – 7.5
2	BOD (Biological Oxygen Demand)	<10mg/lit
3	COD (Chemical Oxygen Demand)	<50mg/lit
4	TSS (Total Suspended Solids)	<20 mg/lit
5	Oil & Grease	<5mg/lit

DESIGN BASIS FOR ULTRA FILTRATION PLANT:-

The Ultra Filtration Plant is designed for a Capacity of treating 30,000 Litres/Day @ 20hrs Operation

Raw Water Characteristics taken for design basis:-

S.No	Description of the Parameter	Value
1	pH	6.5-7.5
2	TSS (Total Suspended Solids)	<20mg/lit

Treated Water Characteristics:-

S.No	Description of the Parameter	Value
1	pH	6.5-7.5
2	TSS (Total Suspended Solids)	<1mg/lit

B. TREATMENT SCHEME FOR PROPOSED STP PLANT:-

1. Primary Treatment:-

Screen Chamber: - Large Debris entering in to the system will be protected with a Screen installed before the Collection sump.

Collection Sump: - The sewage collected from the Screen Chamber is let in to the collection sump and it is aerated for even mixing of the sewage.

Moving Bed Bio Reactors: - The Moving Bed Bio Reactors (MBBR) is filled with high quality self supporting cylindrical shaped Poly Propylene Material. Bacterial Growth shall be generated by providing compressed air in Bio-Reactor (MBBR) and get attached to the PP media to form fixed film. Here the BOD, COD, Organic Pollutants get digested easily.

3. Tertiary Treatment:-

Pressure Sand Filter:-

The Pressure Vessel with graded filter media supported on layers consists of pebbles and sand. The filtration media is chosen from carefully cleaned, sieved and graded filter sand.

A mixture of coarse and fine sand in predetermined proportion facilitates in depth filtration. In-depth filtration provides longer runs between backwashes and better quality of filtrate compared to surface filtration.

Activated Carbon Filter:-

The Pressure Vessel with graded filter media supported on layers consists of pebbles, sand and activated carbon. The filtration media is chosen from carefully cleaned, sieved and graded filter sand.

A mixture of coarse, fine sand and activated carbon in predetermined proportion facilitates in depth filtration. In-depth filtration provides longer runs between backwashes and better quality of filtrate compared to surface filtration.

Treated Water Tank:-

The filtrate water from ACF is collected in the treated water tank.

TREATMENT SCHEME OF UF SYSTEM:

The STP treated water is pumped to Bag Filter for finer filtration and it is taken to the UF membrane where high molecular weight substances, colloidal materials, and organic and inorganic polymeric molecules are removed. The Product Water is taken to Product water Storage tank and Reject is led into drain.

The UF system comprises of UF membranes housed in FRP pressure tube. All interconnecting pipe lines in UPVC & Pneumatic Hoses. Necessary instrumentation is provided to monitor the operation of the system.

Almost all components/equipments of the UF unit will be pre-engineered, pre-wired, pre-tested and ready for use after giving necessary interconnections. The UF block will be totally skid mounted. Each unit will be a product of high quality workmanship, skilled and experienced mechanical design.

C.PROCESS DESIGN DETAILS:-

DESCRIPTION	SPECIFICATION
BAR SCREEN CHAMBER	
Normal flow designed	6.5 m ³ /hr
Peak flow designed	18.5 m ³ /hr
No. of Screen Chamber	One
Size	1.2 m X 1.1 m x 0.5m
Angle of Inclination	45 ^o
Width of the Opening	10 mm
MOC of Screen Chamber	RCC
Retention Time	3.0 mins
Required Retention Time	3-5 mins (Hence Adequate)

COLLECTION TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	10.9hrs
Volume of the Tank Required	70.85 m ³
Size	19.28 m ² X 3.7m (SWD)
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	71.3 m ³ (Hence Adequate)

AERATION TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	8.6hrs
Volume of the Tank Required	55.9 m ³
Size	4.0 m X 3.8m x 3.7m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	56.24 m ³ (Hence Adequate)

CLARIFIER TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	3.9 hrs
Volume of the Tank Required	25.35 m ³
Size	4.0 m X 1.8m x 3.6m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	25.92 m ³ (Hence Adequate)

CLARIFIED WATER TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	3.8hrs
Volume of the Tank Required	24.7 m ³
Size	4.0 m X 1.8m x 3.5m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	25.2 m ³ (Hence Adequate)

SLUDGE HOLDING TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	3.4hrs
Volume of the Tank Required	22.1 m ³
Size	4.0 m X 1.5m x 3.7m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	22.2 m ³ (Hence Adequate)

STP TREATED WATER TANK	
Normal flow designed	6.5 m ³ /hr
No of Tanks	One
Retention Time	7hrs
Volume of the Tank Required	45.5 m ³
Size	4.3 m X 2.89m x 3.7m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	45.9 m ³ (Hence Adequate)

UF TREATED WATER TANK	
Normal flow designed	1.5 m ³ /hr
No of Tanks	One
Retention Time	9.5hrs
Volume of the Tank Required	14.25 m ³
Size	4.3 m X 0.9m x 3.7m
Free Board	0.5 m
MOC of Collection Sump	RCC
Volume Available	14.31 m ³ (Hence Adequate)

D. MECHANICAL EQUIPMENT SPECIFICATIONS FOR STP

DESCRIPTION	SPECIFICATION
BAR SCREEN	
Qty	1 No.
MOC	SS304
Spacing	10 mm
RAW SEWAGE PUMPS	
Qty	2 Nos (1W+1S)
Flow	6.5 m ³ /hr
Head	10.0m
Motor	1.6 KW
Type	Submersible
Make	Grundfos
AIR BLOWER	
Qty	1 No
Capacity	175m ³ /hr
Head	4 MWC
Make	A1 Blower
Motor	7.5 HP
SLUDGE TRANSFER PUMP	

Qty	2 Nos (1W+1S)
Capacity	2.0 m ³ /hr
Head	10m
Motor	0.5 HP
MOC	CI
Make	Kirloskar
Type	Monobloc
FILTER FEED PUMPS	
Qty	2 Nos (1W+1S)
Capacity	6.5 m ³ /hr
Head	30m
Motor	1.0 HP
MOC	CI
Make	Grundfos
Type	Monobloc
HYPO DOSING SYSTEM	
Qty	1 No.
Type	Diaphragm
Capacity	0-4 LPH
Pressure	4 bar
Max. Suction Pressure	1.5 m

Make	e-Dose
PP-Storage Tank	100 Litres
Pressure sand Filter	
Qty	1 No.
Size	900 mm D X 1500mm H
Normal Flow	6.5 m ³ /hr
Maximum Flow	6.5 m ³ /hr
Back Wash	Once in 8 hrs
Filtering Media	Graded Sand, Pebbles
M.O.C	MSEP
Valve	Multiport Valve
Type	Vertical
Duration of Backwash & Rinse	20-30 Minutes
Activated Carbon Filter	
Qty	1 No.
Size	700 mm D X 1800mm H
Normal Flow	6.5 m ³ /hr
Maximum Flow	6.5 m ³ /hr
Back Wash	Once in 8 hrs
Filtering Media	Graded Sand, Pebbles ,Activated Carbon
M.O.C	MSEP

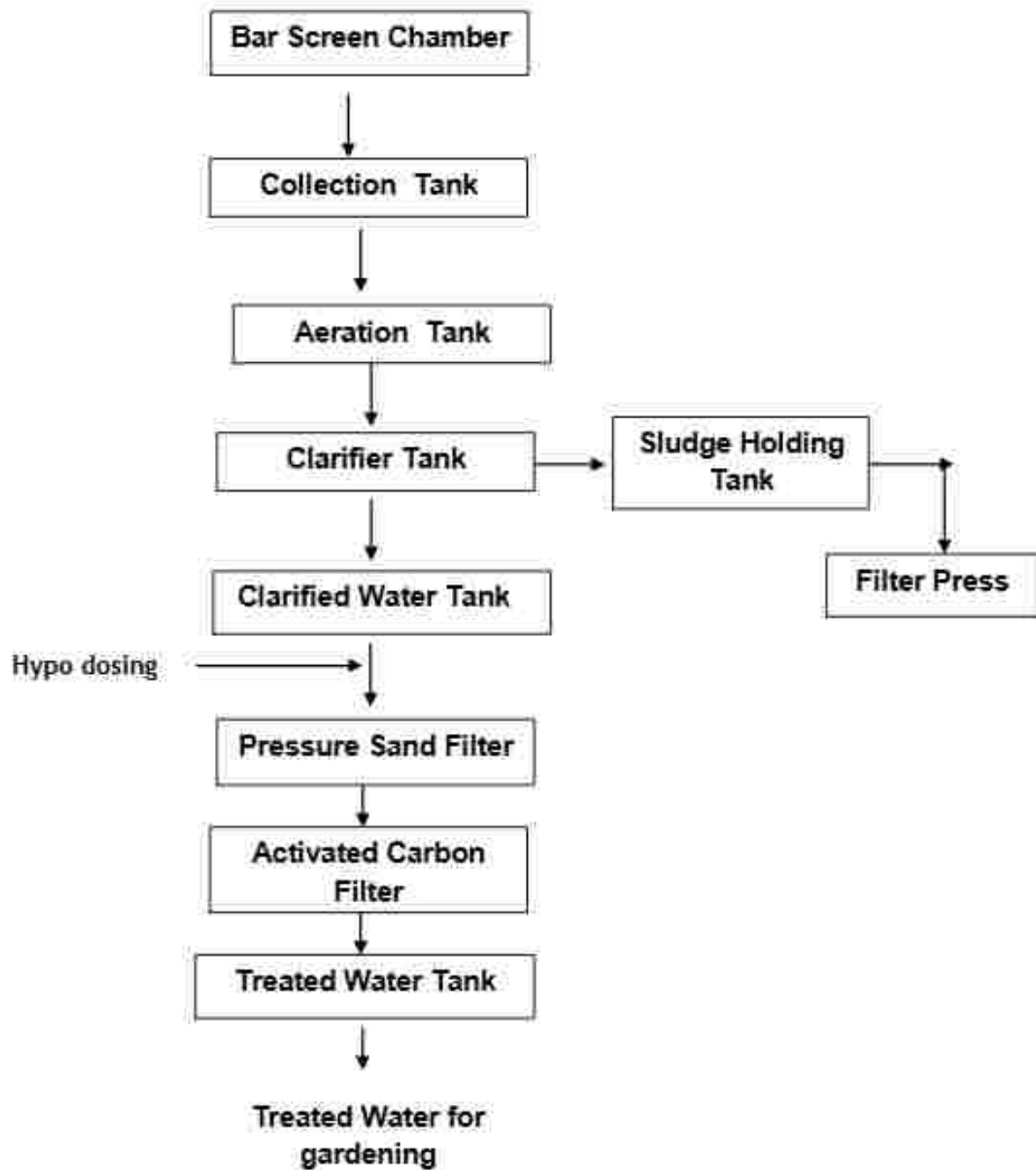
Valve	Multiport Valve
Type	Vertical
Duration of Backwash & Rinse	20-30 Minutes
FILTER PRESS	
Qty	1 No.
Type	Sliding
Plate Size	470mm X 470mm
No of Plates	5 Plates
No of Chambers	4 Chambers
Make	SRE
DRAIN PUMP	
Qty	2 Nos (1W+1S)
Capacity	10.0 m ³ /hr
Head	10m
Motor	0.8 KW
MOG	CI
Make	Grundfos
Type	Submersible
DRAIN PUMP	
Qty	1 No

Capacity	1.0 m ³ /hr
Head	60m
Motor	1.0 HP
MOC	CI
Make	SRE
Type	Reciprocated
ELECTRO MAGNETIC FLOW METER	
Qty	2 No.
Size	40 NB
Make	Aster
PIPING	
Interconnected Pipes, Fittings and Valves (ISI Standard)	1 Lot- UPVC
ELECTRICAL WORKS	
Qty	1 No.
Make	L&T
Electrical Panel & outgoing cable from the panel board will be supplied for the above mentioned mechanical equipments.	

E. ELECTRICAL LOAD DETAILS:-

S.No	Description	Operating Load KW	Total Load KW	Quantity	Running Hrs	Total KWH/Day
1	Raw Sewage Pump	1.6	3.2	2 Nos.	20.0	32.0
2	Air Blower with Motor	5.625	11.25	2 Nos.	24.0	135.0
3	Sludge Transfer Pump	0.37	0.74	2 Nos.	0.5	0.185
4	Filter Feed Pump	0.75	1.5	2 Nos.	20.0	15.0
5	Drain Pump	0.8	1.6	2 Nos.	1.5	1.2
5	Hypo Dosing Pump	0.04	0.04	1 No.	20.0	0.8
Total Load						184.185
80% of Total Load						147.348

G. STP Process Flow Diagram



SUPPLY OF EQUIPMENTS FOR ULTRA FILTRATION PLANT

UF FEED CUM CHEMICAL CLEANING PUMPS	
Qty	2 Nos (1W+1S)
Flow	1.5 m ³ /hr
Head	25.0m
Motor	1.0 HP
Type	Monobloc
MOC	SS 304
Make	Grundfos
UF BACKWASH PUMPS	
Qty	2 Nos (1W+1S)
Capacity	4.5 m ³ /hr
Head	25m
Motor	1.5 HP
MOC	CI
Make	Grundfos
Type	Monobloc
BAG FILTER	
Qty	1 No
Type	Micron Filter
Size	4" Dia X 10" Long

MOC	PP
HYPO DOSING SYSTEM – FEED	
Qty	1 No.
Type	Diaphragm
Capacity	0-4 LPH
Pressure	4 bar
Max. Suction Pressure	1.5 m
Make	e-Dose
PP-Storage Tank	50 Litres
HYPO DOSING SYSTEM – BACKWASH	
Qty	1 No.
Type	Diaphragm
Capacity	0-4 LPH
Pressure	4 bar
Max. Suction Pressure	1.5 m
Make	e-Dose
PP-Storage Tank	50 Litres
UF MEMBRANE	
Qty	1 No.
Type	Multipore

Size	200mm dia X 1830mm ht
Housing MOC	UPVC
UF SKID	
Qty	1 No.
Type	Skid Mount
MOC	MS Powder Coated
CHEMICAL CLEANING TANK	
Qty	1 No.
MOC	HDPE
Capacity	500 IITRES
MICRON FILTER FOR CHEMICAL CLEANING	
Qty	1 No.
Type	Micron Filter
Size	2.5" Dia X 20" Long
MOC	PP
PIPING	
Interconnected Pipes, Fittings and Valves (ISI Standard)	1 Lot- UPVC
ELECTRICAL WORKS	

Qty	1 No.
Make	Aster
Type	Non Compartment (Micro Processor Based)
Electrical Panel & outgoing cable from the panel board will be supplied for the above mentioned mechanical equipments.	

SRI KAUVERY MEDICAL CARE (INDIA) LTD
Old No. 17A, New No. 8A, Murray's Gate Road,
Alwarpet, Chennai - 600 018
GST No : 33AACR2115E12Y PAN No: AACR2115Z

WORK ORDER

To: M/V. CLAR AQUA (P) LTD
No. 10/51, Ganesh Avenue, 4th Street, Shakti Nagar, Porur, Chennai-600134
E-mail: info@claracqua.com
Contact person: Mr. Lakshminan
Contact No: 900111244/9500026363
GST No: 33AADCC518H12B
PAN No: AADCC518H

PROJECT : KOVILAMBURAM, CHENNAI
ORDER NUMBER : SKAC/KVBM/P/NEP/005
ORDER DATE : 20/05/2022
PR Ref No: KVBM/PR/SELF-003
QUOTE REF : CAP/KM/STP/ORT/50-1
QUOTE DATE : 10/05/2022

Dear Sir/Madam,
With reference to your offer and discussion, we are pleased to confirm our work order for the following materials supply/service subject to Terms & Conditions mentioned below/attached with the order.

WORK	Design, Supply, Installation, Testing & Commissioning of STP, ETP & WTP complying the Technical specifications attached				
S.No	DESCRIPTION	QTY	UNIT	RATE	AMOUNT
1	Sewage Treatment Plant - 130 KLD	1	Set	18,00,000	18,00,000
2	Ultra Filtration System - 30 KLD	1	Set	5,00,000	5,00,000
3	Effluent Treatment plant - 10 KLD	1	Set	80,000	80,000
4	Water Treatment Plant - 125 KLD	1	Set	6,50,000	6,50,000
Total Amount (Without Tax)					30,30,000
GST @ 18%					5,45,400
Grand Total Amount					35,75,400

Amount in Words: Rupees Thirty Five Lakhs Seventy Five Thousand and Four Hundred Only

Terms And Conditions:

- Payment schedule**
20% Advance
60% against Supply of Materials at Site
10% against Installation
5% against Testing, Commissioning & Handing over
5% after completion of O&M period of 3 Months
- Delivery Address**
Sri Kauvery Medical Care (India) Ltd.
Survey numbers 18/781A, 18/781B, 22/1A1A, 22/2A, 22/2B and 22/2C
abutting 100 Ft. AMRO Road, Kottaimakkam Village, Tambaram Taluk,
Chengalpattu District.
- Billing Address**
Sri Kauvery Medical Care (India) Ltd.
Old No. 17A, New No. 8A, Murray's Gate Road,
Alwarpet, Chennai - 600 018
- Contract Type : Item rate
- Project Duration : 3 Months from the date of Workorder
- Warranty : 2 years
- Other Terms and Conditions are as per Appendix attached.

Registered Office

Sri Kauvery Medical Care (India) Limited
(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)
New No. 17A, Old No. 8A, Murray's Gate Road, Alwarpet, Chennai - 600 018
CIN: U85110TN1997PLC039401 P: 044 - 6173-4700
E: companysecretary@kauveryhealthcare.com W: www.kauveryhospital.com

Notes:			
1.	Kindly acknowledge the receipt of this order and return the accepted PO/WO within 3 days. Non-receipt of acceptance / comments will mean that PO/WO along with all terms and conditions would be deemed to have been accepted.		
2.	All annexures attached are forming the part of this order.		
3.	Order number reference shall be mentioned on invoices and all documents.		
4.	Documents supporting the delivery of material/services shall accompany along with the invoices.		
FOR KAU/MDX			
Preparation	Verification		Approved
			
Purchaser	Project Coordinator	Senior Manager - Materials & Purchase	Group Head Purchase
			Apd. ED - Purchase & Projects
Acknowledgement			
I/We hereby acknowledge receipt of work order & agree to comply with all terms & conditions stipulated therein & agree that this service order shall form a part of contract document & agreement between us.			
			Accepted by Name & Signature

Registered Office

Sri Kauvery Medical Care (India) Limited

(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)

New No. 17A, Old No. 8A, Murugan's Gate Road, Alwarpet, Chennai - 600 018

CIN : U55110TN1997PLC039491 P: 044 - 6173 4700

E: companysecretary@kauveryhealthcare.com W: www.kauveryhospital.com

Annexure-4



CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY

"Theosophy-Narayan Building" - 1, Gandhi Road (Back Extension) Chennai - 600 008.
 Ph: 25414555, 25414556, Fax: 25468818, Email: info@cmda.co.in Website: www.cmda.co.in 28-2-2015

No.

RECEIPT

Date:
APRIL

Beneficiary's Name and Address: **ARUNGO REACTORS (P) LTD.**
 7/10A, ALVA ROAD, 5th FLOOR, NEW TOWNSHIP,
 TASTHAPURAM, CHENNAI - 600 095
 CHENNAI - 60

Unit / Division / Project

CVSVS032/2014 DT 22/01/2015

Day & No.
14

Head of Account

Amount

Development Charges
 Layout & Survey Fee
 Regularisation Charges
 GSR Charges
 Penal Interest



Rs. 3,10,000.00
 40,000.00
 1,35,000.00
 1,33,50,000.00
 2,53,980.00

1,40,88,980.00

One Crore Forty Lakh Eighty Eight Thousand Nine Hundred eighty

(Rupees)

20/90A

19-Mar-2015

City AXIS BANK

Cnq / ID No.

EX

Drawn on

CH NO 204910, 207811, 207912 & 207917 DT 19/03/2015

Description

EE / CAO / PM

Note: Cheques are subject to realisation.

0182809



CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY

Thirumuthi Nagaraj Building, 1 Gandhi Park Road, Egmore, Chennai - 600 008.
 Ph : 25414555, 25414556 Fax : 25446114 E-mail: mcdma@vsnl.com Website: www.cmda.org

19/03/2015

No.

RECEIPT

Date

APU

Member's Name and Address
M/S. VIRGO REALTORS (P) LTD.
 Title, Post / M/o.
 "MUNDAK K. MOHAMED" - CHAIRMAN, BOARD OF
 CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY
 CHENNAI - 17

Unit / Division / Project

Ref: C3/S/5032/2014 DT-22/01/2015

Page No. 1

Head of Account

Security Deposit - BUILDING
 Security Deposit - DISPLAY BOARD
 Security Deposit - SEPTIC TANK

Amount
Rs.

78,60,000.00

10,000.00

1,50,000.00

80,20,000.00

(Rupees)

Eighty Lakh Twenty Thousand

Chq / DD No.

207915

Dt.

19-Mar-2015

Drawn on

Axis Bank

Description

CH NO: 207/914, 207/915 DT 18/09/2015

19/3/15
19/3/15 PM

Note: Cheques are subject to verification

0182815



CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY

Thiruvottai Nagarajam Building V.V. Chidambaram Road, Egmore, Chennai - 600 008
 Ph: 23414853, 23414855, Fax: 23414816, Email: mmda@vsnl.com Website: www.mmda.org

No.

RECEIPT

Date:

Beneficiary's Name and Address

M/S. VIRGO REALTORS (P) LTD.,

Unit / Division / Project

APU

Tirumala Tirupati Malleswaram

PLAZA HOUSE, OLD NO. 3, NEW NO. 1,
 25, KUMARAPET STREET, KUMARAPET, CHENNAI - 600 017

RU

C/SV5032/2014 DT: 22/01/2015

City Sl. No.

1

Head of Account

Amount

Rs. P.

Infrastructure & Amenities Charges

55,50,000.00

Penal Interest

51,090.00



56,01,090.00

Pay for Cash One Thousand Twenty

(Rupees)

20/916

18-Mar-2015

Only by Bank

Chq. / DO No.

Dt.

Drawn on

CH NO 20/916 DT 18/03/2015

Description

EE / SAG / PM

Note: Cheques are subject to realisation

0182812



CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY

PAYMENT RECEIPT

FORM 2021 T-01



APPLICANT DETAILS

1. RECEIPT NO.	7007254
2. APPLICANT NAME *	VIRGO REALTORS PVT LTD
3. MOBILE NO *	98401226
4. EMAIL ADDRESS *	NA
5. MAIL ADDRESS *	NO 19 (2B) & 22 (2C), KOTTAI MOORE KAMATHILAI RD., CHENNAI
6. LOCAL BODY/ZONE DETAILS	CHENNAI CORPORATION
8. FILE GENERATED	YES
9. INITIAL LETTER NUMBER	ADMINISTRATION-4202
10. TOTAL DEMAND VALUE IN RS	10451042.00
DATE ON WHICH GENERATED	22-04-2021

CURRENT DUES PARTICULARS

CHARGES DETAILS	A. SALES	B. INTEREST	TOTAL VALUE (A+B)
DEVELOPMENT CHARGES	170000.00	7177.00	177177.00
EXCUTE / OBSTRUCTIVE CHARGES	100000.00	0.00	100000.00
INFRASTRUCTURE & AMENITIES CHARGES	420000.00	220000.00	640000.00
SECURITY DEPOSIT FOR BUILDING	150000.00	0.00	150000.00
SECURITY DEPOSIT FOR DISPLAY BOARD	40000.00	0.00	40000.00
SECURITY DEPOSIT FOR SITE TASK WORK FOR UNSEWERED AREA	140000.00	0.00	140000.00
CREMATION CHARGES	3000000.00	210022.90	3210022.90
SHUTTER RENT	1000000.00	27000.00	1027000.00
PLAINT	500.00	0.00	500.00
TOTAL CURRENT PAYMENTS RS			10451042.00

AMOUNT IN WORDS: FIVE CRORES FOUR LAKHS TWO THOUSAND NINETY TWO ONLY

PAYMENT MODE

DEBIT DUES

S. NO.	BANK NAME	D.D. NO / REC. NO	DATE	AMOUNT IN RS
1	SBI	SBINRI1001052025345026	2005/2021	100000.00
2	SBI	SBINRI1001052025345044	2009/2021	400000.00
3	SBI	SBINRI1001052025345054	2003/2021	500000.00
4	SBI	SBINRI1001052025346255	2009/2021	500000.00
5	SBI	SBINRI1001052025346671	2005/2021	500000.00
6	SBI	SBINRI1001052025347129	2005/2021	500000.00
7	SBI	SBINRI1001052025347400	2004/2021	100000.00
8	SBI	SBINRI1001052025347523	2005/2021	500000.00
9	SBI	SBINRI1001052025347795	2003/2021	400000.00
10	SBI	SBINRI1001052025348126	2004/2021	400000.00

SDI	SDIN42110001001
SDI	SDIN42110002002
SDI	SDIN42110003003
SDI	SDIN42110004004
SDI	SDIN42110005005
SDI	SDIN42110006006
SDI	SDIN42110007007
SDI	SDIN42110008008
SDI	SDIN42110009009
SDI	SDIN42110010010

10/06/2021	900.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00
10/06/2021	1,000.00

[Signature]
 RECEIVED FOR
 APPLICANT AND FILE COPY

Signature of Applicant



BY REGISTERED POST WITH ACK.DUE

From

The Member-Secretary

Chennai Metropolitan Development Authority
No.1, Gandhi Irwin Road
Thalamuthu – Natarajan Building
Egmore, Chennai: 600 008.

To

The Commissioner

St. Thomas Mount Panchayat Union
@ Chitlapakkam
Chennai-600 064.

Letter No. C3(S)/5032/2014**Dated : 30.06.2015**

Sir,

Sub: CMDA – Area Plans Unit – MSB (South) Division - Planning Permission for the construction of 2 Blocks Residential cum Commercial Buildings; Residential Block **(Block-1)** - Combined Double Basement floor (Parking) + Ground floor and 1st Floor part for Commercial use, remaining of 1st Floor for Party Hall, Indoor Games, Library, Day Care & Office incidental to Residential Use + 2nd to 12th Floors with open Swimming Pool at 1st Floor level – Residential use with 99 dwelling units; Commercial Block **(Block-2)** - Combined Double Basement Floor + Stilt Floor + First Floor + 2nd Floor part (Gym and Indoor games) at S.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B, 22/2C of Kovilambakkam Village, 200 feet MMRD Road, Kovilambakkam, Chennai - Approved – Reg.

- Ref:**
1. PPA received in MSB No. 273/2014, dated 27.03.2014.
 2. Agenda & Minutes of the 223rd MSB Panel meeting held on 23.05.2014.
 3. Government letter (Ms) No. 113, H&UD Department, dated 04.07.2014.
 4. NOC from CMWSSB issued in Lr. No. CMWSSB / P & D / EE-III/SP/48(2012-13)/CMDA/2013, dated 17.01.2013 for Swimming Pool.
 5. NOC from AAI vide Lr. No. AAI/SR/NOC/RHQ/ dated 12.04.2013, Case No. MM 141 / 2013 for a maximum height of 48.50m above Ground Level.
 6. NOC from IAF issued in letter No. Air/HQ/S/17726/4/ATS/(PC-MCC) /Dy. No.314/F/D(Air-II), dated 10.06.2013
 7. NOC from Addl. Commissioner of Police (Traffic) in Lr. Rc. No. Tr./Licence/602/9569/2014, dated 17.06.2014.
 8. NOC from DF&RS issued in Letter No. R. Dis. No. 6970/C1/2014, dated 14.07.2014; PP.NOC. NO. 69/2014.
 9. NOC from CMWSSB issued in Lr. No. CMWSSB/P&D/EE-I/STP / 42 (2014-15)/CMDA/2014, dated 29.09.2014.
 10. Applicant Letter dated 24.07.2014 & 11.09.2014,
 11. Applicant Letter dated 07.10.2014, & 14.11.2014.
 12. This office letter even No. dated 29.12.2014 addressed to SRO, Pallavaram.
 13. Sub Registrar, Pallavaram Letter No. 06-48/2014 dated 30.12.2014.
 14. This Office DC advise Letter even No. dated 22.01.2015.
 15. Applicant Letter dated 06.04.2015, 26.05.2015 & 18.06.2015.

The Planning Permission Application received in the reference 1st cited for the construction of 2 Blocks Residential cum Commercial Buildings; Residential Block **(Block - 1)** - Combined Double Basement floor (Parking) + Ground floor and 1st Floor part for Commercial use, remaining of 1st Floor for Party Hall, Indoor Games, Library, Day Care & Office incidental to Residential Use + 2nd to 12th Floors with open Swimming Pool at 1st Floor level - Residential use with 99 dwelling units; Commercial Block **(Block-2)** - Combined Double Basement Floor + Stilt Floor + First Floor + 2nd Floor part (Gym and Indoor games) at S.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B, 22/2C of Kovilambakkam Village, 200 feet MMRD Road, Kovilambakkam, Chennai has been examined and is approved subject to the conditions that Environment Impact Assessment Clearance has to be obtained before commencement of construction and to obtain culvert design from Highways and execute for accessing the road before issue of Completion Certificate and the conditions incorporated in the references 3rd to 9th , & 14th cited.

2) The applicant has remitted the following charges/deposits:

i)	Development charge for land and building under Sec.59 of the T&CP Act, 1971	Rs. 3,10,000/- (Rupees Three Lakh and Ten thousand only)	Receipt No. 04686 dt.19.03.2015
ii)	Balance Scrutiny Fee	Rs. 40,000/- (Rupees Forty thousand Only)	
iii)	Regularization charge for unauthorized sub division / amalgamation.	Rs. 1,35,000/- (Rupees One Lakh and Thirty five thousand only)	
iv)	Open Space Reservation charge	Rs. 1, 33, 50,000/- (Rupees One Crore Thirty three Lakh and fifty thousand only)	
v)	Penal Interest	Rs. 2, 53, 980/- (Rupees Two lakh fifty three thousand nine hundred and eighty only)	
vi)	Security Deposit (For Building)	Rs. 78,60,000/- (Rupees Seventy eight lakh and sixty thousand only)	Receipt No. SD/385 dt. 19.03.2015
vii)	Security Deposit for Display Board	Rs. 10,000/- (Rupees Ten Thousand Only)	
viii)	Security Deposit for STP	Rs. 1,50,000/- (Rupees One Lakh and Fifty thousand only)	
ix)	Infrastructure & Amenities Charges	Rs. 55,50,000/- (Rupees Fifty Five Lakh and Fifty Thousand Only)	Receipt No. 04687 dt. 19.03.2015.
x)	Penal Interest	Rs. 51, 090/- (Rupees Fifty One thousand and Ninety only)	

3) The applicant has also furnished an undertaking to abide by the terms and conditions put forth by CMDA, DF&RS, AAI, Traffic Police and CMWSSB in the letter dated 07.10.2014 and for provision of culvert to be done as per the norms, design and guidance after obtaining NOC from Highways Dept., for channel along the MMRD Road, before obtaining Completion Certificate.

4) It shall be ensured that all wells, overhead tanks are hermitically sealed with properly protected vents to avoid mosquito menace. Non provision of rain water harvest structures shown in the approved plans to the satisfaction of the Authority will also be considered as a deviation to the approved plans and violation of DR and enforcement action will be taken against such development. The Planning Permission issued does not imply that other statutory/administration/clearance/approval/sanction shall be granted to the proposed development.

5) Planning Permission for buildings is issued in accordance with the provisions of the Town & Country Planning Act, 1971 and the rules made there under. This provision does not cover the structural stability aspect of the building including the safety during the construction. However, these aspects are covered under the Building Rules under the provisions of the respective Local Body Act 1920, such as Madras City Municipal Corporation Act 1919, Tamil Nadu District Municipality Act, Tamil Nadu Panchayat Act. The Planning Permission issued under the provision of Tamil Nadu Town & Country Planning Act 1971, does not cover the Structural Stability aspect. However, it is the sole responsibility of the applicant / developer / Power Agent and the Structural Engineers / License Surveyor / Architects who have signed in the plans to ensure the safety during construction and after construction and also for the continued structural stability of the buildings. In this regard, applicant along with the Architect, Structural Engineer and Construction Engineer has furnished necessary undertakings for Structural Sufficiency as well as for supervision in the prescribed formats in letter dated 07.10.2014.

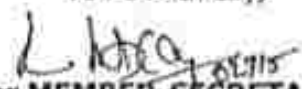
6) Issuance of Planning Permission by CMDA under the statutory provisions does not confirm any ownership or title over the property, in favour of the applicant. Before Issuing Planning Permission for any development, CMDA in this regard, checks only the aspect of applicant's right over the site under reference to make the development thereon based on the copies of the documents (such as Sale Deed, Patta, Lease Deed, Gift Deed etc., and GPA) furnished by the applicant along with his /her application to prove the same. Thus, CMDA primarily considers only the aspect whether the applicant prima facie has a right to carry out development on the site under reference.

Any person who acquires interest in the property shall ensure independently about the ownership and the applicant's right before acquiring the same. Further, if any Individual claim right (or) title over the property he / she / they shall have to prove it before the appropriate / competent Court to decide on the ownership or get the matter settled in the Court of Law and CMDA is not the competent authority to decide on this matter.

7) Two sets of approved plans numbered as **C/ PP/ MSB /31 A to I/ 2015, dated 30.06.2015 in PP No. 9019** are sent herewith. The Planning Permit is **valid for the period from 30.06.2015 to 29.06.2018.**

8) This approval is not final. The applicant has to approach the Commissioner, St. Thomas Mount Panchayat Union for issue of Building Permit under the Local Body Act.

Yours faithfully,


for MEMBER-SECRETARY.


2-2-2015

End:

1. Two sets of approved plans
2. Two copies of Planning Permit

Copy to:

- ✓ 1. **M/s. Virgo Realtors Pvt. Ltd.,** represented by Thiru. T. Shyam Prasad
GPA for M/s. Virgo Properties Pvt. Ltd.,
Plaza House, No.5, Thirumurthy Street
T. Nagar, Chennai 600 017.
2. **The Deputy Planner,** (with one set of approved plans)
Enforcement Cell (S),
CMDA, Chennai - 600 008.
3. **The Commissioner of Income Tax**
No.108, Mahatma Gandhi Road
Nungambakkam, Chennai -600 034.
4. **The Director of Fire & Rescue Service** (with one set of approved plans)
P.B.No.776, No.1, Greaves Road,
Chennai- 600 006.
5. **The Chief Engineer**
Chennai Metropolitan Water Supply and Sewerage Board
No.1, Pumping Station Road, Chintadripet, Chennai -600 002.
6. **The Additional Deputy Commissioner of Police (Traffic)**
Vepery, Chennai - 600 007.
7. **The Chief Engineer**
Tamil Nadu Electricity Board
Anna Salai, Chennai - 600 002.
8. **Thiru. S. Shankaranarayanan**
Regd. Architect, C.A. No. 97/21841, R.A. No. 24
No. 16, 3rd Floor, C Block, Corporation of Madras Balid Metha Complex
Anna Salai, Saldapet, Chennai - 600 015.
9. **Thiru. P. Raman**
Structural Engineer
Class I LS No. 1633, Corporation of Chennai
PR Complex, 3rd Floor (303)
No. 38, Thambalah Road Extension
West Mambalam, Chennai - 600 033.
10. **Thiru. S. Kamalanathan**
Site Engineer
No. 1/212, Mathi Ezhil Teacher Nagar
Periya Mathur, Chennai - 600 068.

	CHENNAI METROPOLITAN DEVELOPMENT AUTHORITY Thalamuthu Natarajan Building, No.1, Gandhi Irwin Road, Egmore, Chennai - 600 008 Phone : 28414855 Fax: 91-044-28548416 E-mail: miscmda@tn.gov.in Web site: www.cmdachennai.gov.in

Letter No.C3 (S) /5032/2014

Dated: 05.10.2015

To
The Secretary to Government,
Housing and Urban Development Department,
Secretariat,
Chennai - 600 009.

Sir,

Sub: CMDA - Area Plans Unit - MSB Division (S) - Planning Permission for the Proposed construction of 2 Blocks Residential cum Commercial Building; **(Block-1)**-Residential Block - Combined Double Basement floor (Parking) + Ground floor and 1st floor part for commercial use remaining of 1st Floor Party Hall, Indoor Games, Library, Day Care & Office incidental to Residential Use + 2nd to 12th Floors with open Swimming Pool at 1st Floor level - Residential use with 99 dwelling units; **(Block-2)** - Commercial Block - Combined Double Basement Floor+Stilt Floor+First Floor+2nd Floor part (Gym and Indoor games) at 200 feet MMRD Road, Kovilambakkam, Chennai in S.NO. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B, 22/2C of Kovilambakkam Village, Chennai - Applied by M/s. VIRGO REALTORS PRIVATE LIMITED - EIA Clearance does not arise - Intimated - Reg.

- Ref:**
1. PPA received in MSB No, 273/2014 dt.27.03.2014
 2. Government letter (Ms) No. 113 H&UD Department dated.04.07.2014.
 3. This Office Letter even no. dated 30.06.2015 addressed to the Commissioner, St. Thomas Mount Panchayat Union.
 4. Applicant Letter dated 10.07.2015

Kind attention is invited to the above references. In the ref. 2nd cited, the Government have accorded approval for the construction of Multi storeyed Building for the site referred above with a specific condition that the applicant has to obtain Environment Impact Assessment Clearance before commencement of construction. A specific condition in this regard has to be incorporated in the approval letter. Accordingly the approved plans were released incorporating the condition in the reference 3rd cited.

The Applicant in the reference 4th cited has represented that this construction does not come under the purview EIA category, since it is not exceeding 20000 sqm including FSI, Non - FSI and other covered structures and sought to issue amendment order.

The representation of the applicant has been verified and it is noted that the Floor Space Index area for the proposal is 12580.19 sqm. (as per the MSB Panel agenda forwarded to Government in this office letter even No. dated 29.05.2014) and total building area works out to 19624.15 sqm. As the total floor area of the construction is less than 20,000 sqm, requirement of Environment Clearance does not arise. Therefore, it is decided not to insist Environmental Clearance.

This is for kind information and record .

Yours faithfully,


for **MEMBER-SECRETARY**

Copy to:

M/s. VIRGO REALTORS (P) LTD.,
GPA for M/s.VIRGO Properties (P) Ltd.,
"PLAZA HOUSE", Old No.3, New No.5
Thirumurthy Street, T. Nagar, Chennai – 600 017


6.10.2015

From

The Member-Secretary,
Chennai Metropolitan Development Authority,
No.1, Gandhi Irwin Road
Thalamuthu Natarajan Building
Egmore, Chennai - 600 008.

To

The Commissioner,
St. Thomas Mount Panchayat Union,
@ Chitlapakkam,
Chennai - 600 064.

Letter No.C3/5032/2014

Dated : 03.10.2015

Sir,

Sub: CMDA - Area Plans Unit - MSB Division (S) - Planning Permission for the Proposed construction of 2 Blocks Residential cum Commercial Building; **(Block-1)**-Residential Block - Combined Double Basement floor (Parking) + Ground floor and 1st floor part for commercial use remaining of 1st Floor Party Hall, Indoor Games, Library, Day Care & Office incidental to Residential Use + 2nd to 12th Floors with open Swimming Pool at 1st Floor level - Residential use with 99 dwelling units; **(Block-2)** - Commercial Block - Combined Double Basement Floor+Stilt Floor+First Floor+2nd Floor part (Gym and Indoor games) at 200 feet MMRD Road, Kovilambakkam, Chennai in S.NO. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B, 22/2C of Kovilambakkam Village, Chennai - Applied by M/s. VIRGO REALTORS PRIVATE LIMITED - EIA Clearance does not arise - Intimated - Reg.

- Ref:**
1. PPA received in MSB No. 273/2014 dt.27.03.2014
 2. Government letter (Ms) No. 113 H&UD Department dated.04.07.2014.
 3. This Office Letter even no. dated 30.06.2015 addressed to the Commissioner, St. Thomas Mount Panchayat Union.
 4. Applicant Letter dated 10.07.2015

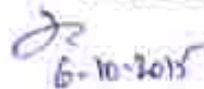
The Construction of Multi storeyed building at the site referred above has been approved in the reference 3rd cited with a specific condition that EIA clearance has to be obtained before commencement of construction. In the reference 4th cited the applicant has represented in this regard. It is noted that the total floor area of the proposal is 19,624.15 sqm. As the total floor area of the construction is less than 20,000 sqm., requirement of Environmental Clearance does not arise. Therefore, Environmental Clearance need not be insisted.

Yours faithfully,


for **MEMBER-SECRETARY**

Copy to:

M/s. VIRGO REALTORS (P) LTD.,
GPA for M/s.VIRGO Properties (P) Ltd.,
"PLAZA HOUSE", Old No.3, New No.5
Thirumurthy Street, T. Nagar, Chennai - 600 017


6-10-2015







PARISUDH ECO CONCEPTS PVT. LTD.
No. 43/1, Besant Avenue Road,
Adyar, Chennai - 600 020.

K. S. S. S. S.
STAMP
LICENCE No. 194/94.
No. 2, MADLEY ROAD,
T. NAGAR, CHENNAI-17.

SOLID WASTE TRANSPORTATION AGREEMENT

This indenture of the agreement was executed at Chennai on the 16th day of DECEMBER 2023

Between:-

SRI KAUVERY MEDICAL CARE (INDIA) LIMITED represented by its GM - OPERATIONS, R.KAARTHIK and having its hospital 200 Feet radial road, Kovilambakkam, Chennai - 600 129 hereinafter called the party of the First Part.

And

PARISUDH ECO CONCEPTS PRIVATE LIMITED having its registered office at 43/1 Besant Avenue Road, Adyar, Chennai 600020 represented by its Business Head, Mr.P. SIVAKUMAR hereinafter called the SECOND PART witnesseth:

For Parisudh Eco Concepts Pvt. Ltd.

[Signature]

[Signature]
Business Head

Whereas Party of the First Part is a Bulk Waste Generator (Residential Apartments) and in the nature of its activities, waste in different categories is generated which needs to be disposed through transportation as per the statutory norms

Whereas the party of the Second part is carrying on the services of transporting the wastage /Garbage from residential apartments / Business firms / Hotels / Hospitals / Commercial complexes / Industrial premises on a periodical basis and dumping the same in the premises of authorized Wastage/ Garbage processing centres for further processing and disposal of waste.

Whereas the party of the First Part approached the party of the Second part to engage its service for transporting the Wastage/ Garbage from their residential apartment location;

Whereas the party of the Second part agrees and accepted to render service for transporting the Wastage / Garbage from the said hospital location as offered by the party of the First Part;

Whereas both the parties had mutually agreed and desirous of reducing the terms and conditions of this agreement into writing:

NOW THIS INDENTURE OF AGREEMENT WITNESSETH AS FOLLOWS:

TERMS & CONDITIONS

The wastage/garbage and dumping materials are classified as under:-

- a) Wet Waste - All biodegradable waste which includes cooked and uncooked food, fruits, vegetable peels, flower waste, and other organically decomposable waste. This waste has to be collected by party of the First part on a daily basis and can be handed over in a green bin to the party of the Second part
- b) Dry Waste - All non-biodegradable waste other than wet and Hazardous waste generated by residence and all commercial/industrial places of business.
- c) Recyclable Waste - Occasional extra waste materials such as glass bottles, cartons, and bags, plastic covers etc., which can be readily and easily loaded by hand into the vehicle of the party of the SECOND PART

1. PROVISION OF SERVICES

The party of the Second part will supply the services set out in the schedule.

2. DURATION

This agreement comes into force with effect from 16.12.2023 onwards. The duration of this agreement is for the period of ONE YEAR which is then rolled over from period to period until either side gives notice to the other to bring it to an end.

3. CHARGES

The party of the Second part fixes the following rates for collecting the wastage / Garbage from the premises of the party of the First Part as under:

- 3.1 Both Parties mutually agreed to fix the charges for collection of biodegradable and non-Biodegradable waste from the premises of the party of the First Part at Rs.3.00/ PER KG (Excluding GST 18%), and the price will be reviewed/revised subject to mutual consent on a year-on-year basis.
- 3.2 The Second part would enter the category-wise total collection of waste (kgs) in the Register/Gate pass provided by the First part and it should be signed by the personnel of the Second Part.



For Parisudh Eco Concepts Pvt. Ltd.


Business Head

- 3.3 The second part should submit the invoice along with the gate pass received for the waste collected from the First Part for payment within 5 days from the end of the calendar month.
- 3.4 The party of the First Part shall make payment for the services provided at agreed rates monthly, to the party of the Second Part within 5 days from the date of receipt of the Invoice and the payment would be by way of Crossed A/c Payee Cheque/ NEFT in favor of the party of the Second Part.
- 3.5 Notwithstanding the above, the SECOND PARTY agrees to consider an increase in the rate if and when there is an increase in the fuel tariff by more than 20% over the prevailing rate. The prevailing rate now is Rs.94.24 per litre for diesel.

4. OBLIGATIONS OF SERVICE PROVIDER

- 4.1 Dry waste shall be collected cleared daily, subject to mutual consent between the parties.
- 4.2 If the accumulated Waste / Garbage in the Disposal Site are found to be UNSEGREGATED the same will not be transported by the party of the Second part from the third consecutive day (it'll be removed for 2 consecutive days only), subject to indication to the designated personnel (Engineering / Housekeeping)

5. NOTICES & TERMINATION

If the party of the Second Part wants to terminate this agreement, shall give one month clear notice to the party of the First Part. At the end of such period, this agreement shall come to an end and vice-versa, if the party of the First Part wants to terminate this agreement, shall also give month notice to the party of the Second Part. At the end of such period, this agreement shall come to an end.

This agreement is subject to force majeure i.e. –

- I. war invasion, mobilization, requisition or embargo;
- II. Rebellion, revolution, insurrection or military or usurped power, or civil war;
- III. Government orders restrictions, riots, fire, epidemics, sabotage, act of God like earthquakes, floods, accidents, breakdown of machinery or any other reasons whatsoever beyond the reasonable control of FIRST PARTY.

If any force majeure event outside the control of both parties arises during the currency of this agreement, which renders it impossible or unlawful for the FIRST PARTY to fulfill its agreement obligations, the SECOND PARTY shall not seek any remedy - legal or financial from the FIRST PARTY. However, the terms of this agreement shall be restored as far as both the parties are concerned, once the force majeure events cease to exit.

If any dispute arises between the parties herein, or if any controversies or difference of opinion arises out of or in connection with the recitations of this agreement, the same shall be settled amicably. The jurisdiction shall be restricted to CHENNAI ONLY.

Agreement, shall be subject to the exclusive territorial jurisdiction of the courts situated in Chennai. In witness whereof, the parties have affixed their signature hereunto on the day, month and year

First above written in the presence of the following witnesses:

WITNESSES

A. J. Jeyaraj
Teachers colony,
Adyar, Chennai - 20.

PARTY OF THE FIRST PART
For Parisudh Eco Concepts Pvt. Ltd.

P. Chinn
Business Head
PARTY OF THE SECOND PART

Date: 19.11.2024

To,

The District Environmental Engineer,
Tamil Nadu Pollution Control Board,
Maraimalaiagar.

Dear Sir,

Sub:-Authorisation for Hazardous Waste - Reg.

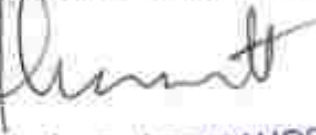
We wish to inform you that we are operating the Hospital unit in the name of "M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED located at S.F.No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, Kovilambakkam village, Tambaram Taluk and Chengalpattu District-600129.

Herewith we are applying to obtain authorisation under Hazardous and Other Wastes Rules, 2016 through Online Application No. 63389884 along with necessary enclosures. We kindly request you to consider our application and issue HW authorisation for our unit at the earliest.

Thanking you,

Yours Truly

For M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED



Authorized Signatory
KAUVERY HOSPITAL
No.2/473, Radial Road,
Kovilambakkam,
Chennai - 600 129.

Sri Kauvery Medical Care (India)Limited

No 2/473, Radial Road, Kovilambakkam, Chennai - 600 129, Tamilnadu, India.

T - 044 6111 6111, E - 044 4050 4050, M +91 94911 94977

Email : care.km@kauveryhospital.com





தமிழ்நாடு தமிழ்நாடு TAMILNADU

24.10.2024

SRI KAUVERY MEDICAL CARE
(INDIA) LTD

DH 323032

S. Gayathri
STAMP VENDOR

L. No: 17071 / 32/ 2014-1
No. 5/480, Appar Street,
Medavakkam, Chennai - 600 100.
Phone: 9790968061

Performa For
Typed Undertaking (Duly Signed by Applicant)

I, M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED Do solemnly affirm and declare as under:-

That I am, R. Kaarthik / General Manager - Operations in the unit named -M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED, S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, Kovilambakkam village Tambaram Taluk and Chengalpattu District- 600129, and authorized & responsible for operation of the aforementioned unit & for compliance of the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016.

2. That status of the aforementioned unit is as given below:

- Products manufactured in the unit are (with Quantity in Metric Tones per Annum) Hospital Unit
- Production capacity of the unit is NIL.
- Activities involved in the process are NIL.
- Hazardous Waste (HW) generating Processes, as per Schedule I are

Category No.	Name of Process waste
5.1	Used or spent oil
5.2	Wastes or residues containing oil
35.3	Chemical sludge from waste water treatment

[Signature]
KAUVERY HOSPITAL
No:2/473, Radial Road,
Kovilambakkam,
Chennai - 600 129.

e) Hazardous Waste generating streams

Category No.	Name of Process waste	Generating streams-
5.1	Used or spent oil	DG Sets
5.2	Wastes or residues containing oil	DG Sets
35.3	Chemical sludge from waste water treatment	ETP

f) Quantity of Hazardous Waste generation as per Schedule I

Category No.	Name of Process waste	Quantity of waste per annum
5.1	Used or spent oil	1 KL
5.2	Wastes or residues containing oil	1 T
35.3	Chemical sludge from waste water treatment	0.96 T

g) Quantity of Hazardous Wastes (in MT A) :

- (i) Disposal in Landfills 0.96 T/Annum
- (ii) Recyclable 1 T/Annum
- (iii) Incinerable 1 NIL

h) Quantity of used oil/Waste Oil generation is 1 T/Annum

i) Total quantity of hazardous waste stored at site of the unit (as on last financial year) is 0.01 T/Annum

j) Total Quantity of hazardous waste generated till last financial year 0.01 T/Annum

k) Status of consent under Air & Water Act: (i) Consent order No: 2404255438445 & 2404155438445
(ii) Consent Valid up to March 31 2025

l) That Hazardous Waste is stored in leak proof container (s) and able to drain/ remove liquids, and the containers are duly marked with "Hazardous Waste" in red colour and with date, of beginning of storage on each containers.

m) Those Hazardous Waste containers are stored on pucca floor in an isolated covered area in the unit in such a manner that it does not in any way contaminate the environment on the ground-water due to air/rain/seepage/leakage etc.

n) That storage facility is having appropriate containment system. I have taken precautions to prevent any accidental ignition or reaction of ignitable or reactive safe.

o) The duly filled display boards have been displayed outside the main gate of the unit.

p) That record of Hazardous Waste Generation is being maintained in Form-3 as prescribed in HW Rules since....

q) The Annual returns for Hazardous Waste have been filed in TNPCB in prescribed Form-4.

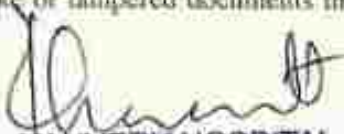
r) I have taken steps which were feasible for reduction and prevention in the waste generated and also taken steps for recycling/reuse of hazardous waste.

s) I have complied with the terms and conditions of the authorization granted under the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016.

t) I have complied with the provisions of the Environment (Protection) Act, 1986 and Rules made thereunder including the Hazardous and Other Wastes (Management and Transboundary Movement) Rules, 2016.

u) I will comply with all provisions including the scope of submitting bank guarantee in the event of spillage, leakage or fire while handling the hazardous and other waste; and / or if asked by Tamil Nadu Pollution Control Committee to do so.

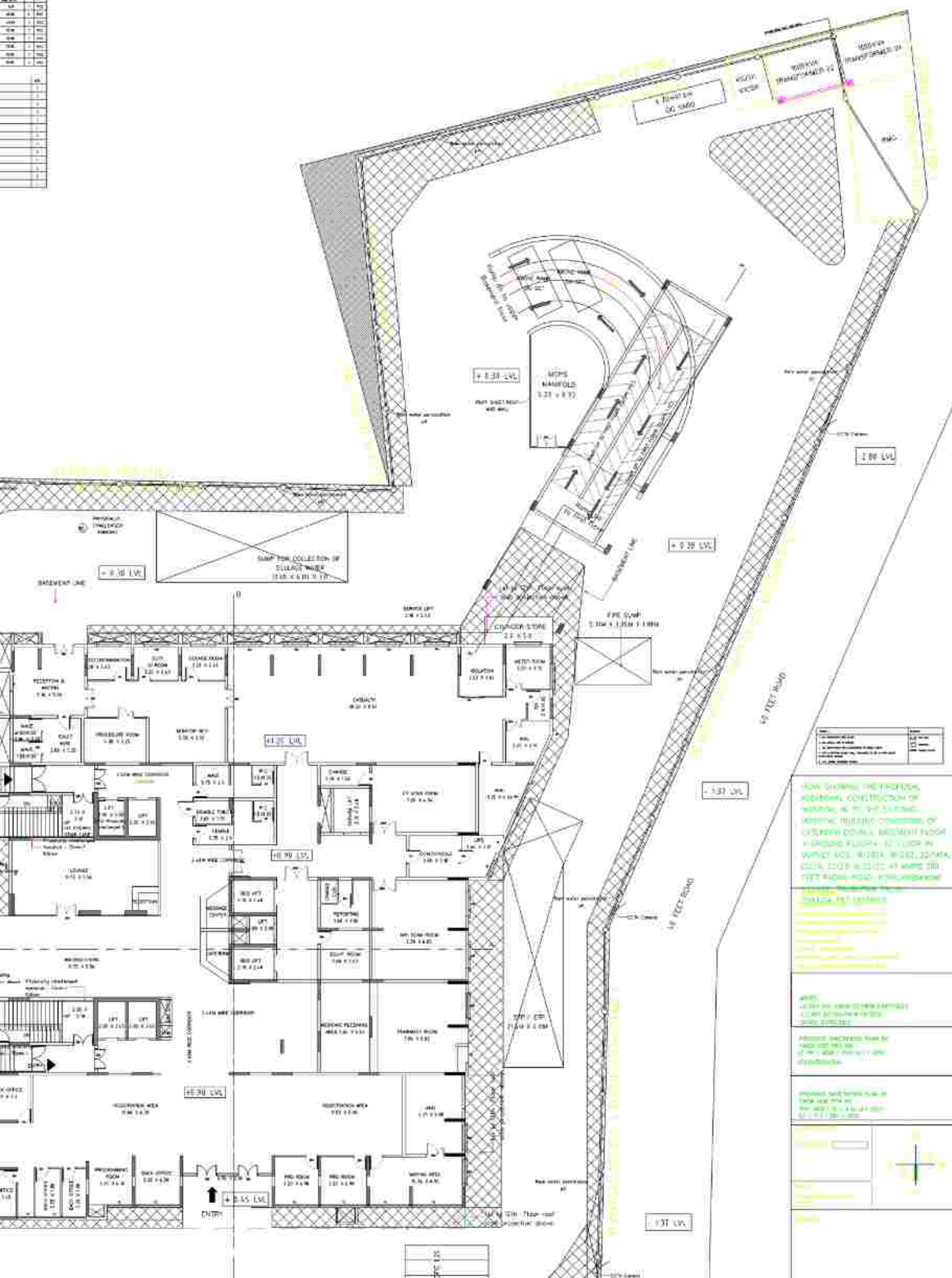
I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed therefrom. That, I agree to the automatic nullification of my request for consent/authorization/registration of my unit. I hold myself liable for perjury, falsehood, misrepresentation and/or omission and /or falsification or act of dishonesty for any fraudulent, fake or tampered documents that have been submitted


KAUVERY HOSPITAL
No:2/473, Radial Road,
Kovilambakkam,
Chennai - 600 129

HAZARDOUS WASTE & E WASTE STORAGE PHOTOGRAPHS







Greenbelt Photo



PHOTOGRAPHS OF RAINWATER HARVESTING SUMP AND PIT





THE STORM WATER DRAIN PHOTOS







SRI KAUVERY MEDICAL CARE (INDIA) LTD
 Old No.17A, New No. 8A, Murray's Gate Road, Alwarpet, Chennai - 600 018
 GST No : 33AA8CX811SE12Y PAN No: AA8CX811SE

WORK ORDER

To:
 M/L VNEXT SOLUTIONS PRIVATE LIMITED
 Vnext towers, 1-8-303/10/1, S.P.Road, Secunderabad, Telangana - 500003
 E-mail : vnext@vnext.in
 Contact person : Mr.Vinoth
 Contact No : +91 9384678238
 GST No : 36AAHCV356K12Q
 PAN No : AAHCV356K

PROJECT : KOVILAMBAKKAM, CHENNAI
 ORDER NUMBER : SEMC/KVBM/7/INSP/09
 ORDER DATE : 10-06-2022
 PR ref No : KVBM/PR/SEL-79
 QUOTE REF : Vnext/SP/ATUM/014/22-23
 QUOTE DATE : 08-06-2022

Dear Sir/Madam,

With reference to your offer and discussion, we are pleased to confirm our work/purchase order for the following materials supply/service subject to Terms & Conditions mentioned below/attached with the order.

Sl No	DESCRIPTION	QTY	UNIT	RATE	AMOUNT
1	DSTC of Solar shed at kovilambakkam (Please refer the attached Annexure for detailed Breakup)	1.00	LS	90,37,766	90,37,766
Total Amount (Without Tax)					90,37,766
GST @ 12%					1,12,453
GST @ 18%					1,62,678
Grand Total Amount					93,12,907

Amount in Words: Rupees Ninety Three Lakhs Twenty Five Thousand Six Hundred and Ninety Seven Only

Terms And Conditions:

- Payment schedule**
 80% against Installation on pro rata basis
 15% against Testing & Commissioning
 5% after successful completion of OUP period of 6 Months
 Advance: 40% advance on recoverable basis against proforma invoice (such that total advance would be recovered when the bill value reaches 80% of the contract value)
- Delivery Address**
 Sri Kauvery Medical Care (India) Ltd.
 Survey numbers 18/281A, 16/282, 22/1A1A, 22/2A, 21/2B and 22/2C abutting 200 Ft. MMRD Road, Kovilambakkam Village, Tambaram Taluk, Chengalpattu District.
- Billing Address**
 Sri Kauvery Medical Care (India) Ltd.
 Old No.17A, New No. 8A, Murray's Gate Road,
 Alwarpet, Chennai - 600 018
- Contract Type** : Work order
- Duration** : 10 weeks from the date of work order and clearance from the site team.
- Warranty** : 25 Years Performance Warranty, 10 years Product Warranty, 7 years inverter warranty, 2 years System Warranty
- The quantity mentioned above are only tentative. Billing will be done as per actuals
- Other Terms and Conditions are as per Appendix attached.

Registered Office

Sri Kauvery Medical Care (India) Limited

(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)

New No. 17A, Old No. 8A, Murray's Gate Road, Alwarpet, Chennai - 600 018

CIN: U85110TN1997PLC030491 P: 044 - 6173 4700

E: companysecretary@kauveryhealthcare.com W: www.kauveryhospital.com

Solar shed-1

Notes:

1. Kindly acknowledge the receipt of this order and return the accepted PO/WO within 3 days. Non-receipt of acceptance / comments will mean that PO/WO along with all terms and conditions would be deemed to have been accepted.
2. All annexures attached are forming the part of this order.
3. Order number reference shall be mentioned on invoices and all documents.
4. Document(s) supporting the delivery of material/services shall accompany along with the invoices.

FOR KAUVERY

Preparation	Verification	Approved
  		
Purchase	Project Coordinator	Senior manager-Purchase
		Group Purchase Head
		Executive Director - Purchase & Projects

For Vendor

Acknowledgement

(We hereby acknowledge receipt of work order & agree to comply with all terms & conditions stipulated therein & agree that this service order shall form a part of contract document & agreement between us.

Accepted by
Name & Signature

Note to contractor: Please return the accepted PO/WO within 3 days. Non receipt of acceptance/comments will mean that the PO/WO along with all terms & conditions would be deemed to have been accepted.

Registered Office

Sri Kauvery Medical Care (India) Limited

(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)

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**DISASTER MANAGEMENT MANUAL
OF
KAUVERY HOSPITAL, RADIAL ROAD**



No: 2/473, Radial Road 200ft, Kovilambakkam

Chennai-600129 | Tamil Nadu

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Prepared By:	Designation : Head - Emergency Name : Dr. Meena Signature : 
Reviewed By	Designation : GM Operations Name : Mr. Kaarthik R Signature : 
Approved By	Designation : Medical Director Name : Dr. Anil BG Signature : 
Responsibility for updating:	Designation : Senior Manager Quality Name : Mrs. Anija Joseph Signature : 

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EXTERNAL DISASTER PLAN

1.0 Purpose:

- To provide policy for response to external disaster situations that may affect hospital staff, patients, visitors and the community.
- Identify responsibilities of individuals and departments in the event of a disaster situation.
- Identify Standard Operating Guidelines (SOG's) for emergency activities and responses.

2.0 SITUATIONS and Assumptions:

Several types of hazards pose a threat to the hospital:

- Disaster threats affecting the hospital or community (large or nearby fires, cyclone, flooding, explosions, etc.).
- Disasters in other communities.
- Epidemics.

3.0 GENERAL Considerations:

A. Lines of Authority: The following persons, in the order listed, will be in charge:

- Unit Medical Head
- Unit Operational Head / Duty Manager
- Consultant & Incharge, Department of Emergency Medicine
- Chief Nursing Officer
- Nursing Officer on duty at the time of disaster
- Emergency Room Nursing In-charge.
- Safety Officer
- HOD - Security Services / Security Officer on duty
- HOD - Engineering / Engineer on duty
- HOD - House Keeping / Executive - Housekeeping on duty

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11. HOD - Pharmacy / Senior Pharmacist on duty
12. Telephone Operator on duty
13. HOD - Human Resources / Executive Human Resources on duty
14. HOD - Food and Beverages
15. HOD - Bio-Medical / Bio-Medical Engineer on duty
16. HOD - Medical Records
17. HOD - Lab Services / Senior Lab Technician on duty
18. HOD - Stores
19. HOD – Service Excellence
20. Social Services Provider/ Counselor

B. Communications:

1. A Command Center will be set up at the Hospital Reception to handle and coordinate all internal communications. All department heads or their designee will report to this office and call as many of their employees as needed.
2. The ER Consultant Incharge will assign a nurse to the communications system in the E.R. This nurse will answer all calls from this station
3. At least one messenger will be assigned to each radio operator to deliver messages, obtain casualty count from triage, etc.
 - Nursing will be notified by the Unit Coordinator or designated persons.
 - a. Department Heads will be notified by the Supervisor or designated staff.
 - b. Department Heads will notify their key personnel.
4. A "Visitor Control Center" will be set up in the front lobby. Families of casualties will be instructed to wait there until notified of patient's condition. Normal visiting hours will be suspended during the disaster situation (alert).
5. A hospital staff member will stay with the family members. (Service excellence incharge will be assigned here after reporting to the Command Center and other personnel assigned as needed).

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6. A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.
7. Telephone lines will be made available for outgoing and incoming calls. One line will be designated as the open line to the external Command Center. The person in charge will designate assigned staff to monitor the phones.

C. Supplies and Equipment:

1. Extra supplies will be obtained from Stores dept. through runners.
2. Outside supplies will be ordered by the HOD – Purchase and Stores and brought into the hospital through identified entrances as per Security officer directions.

D. Valuables and Clothing:

1. Large paper or plastic bags are available in the treatment areas and the store room for patient's clothing and valuables.

E. Public Communication Center:

1. A communication center for receiving outside calls and giving information to the press, radio and relatives shall be set up in the lobby.

F. Morgue Facilities:

1. Patients pronounced DOA will be tagged with a Disaster Tag... do not remove personal effects. The top sheet from the tag will be taken to the Command Center in Emergency Department for casualty list purposes. Photograph of the deceased may be taken for identity purposes.
2. Bodies will be stored near the morgue. Personnel will remain with bodies until clearance is given.
3. After bodies have been identified, the information will be filed on the Disaster Tag and Medical Records notified as to the identification of the patient.
4. A complete record of all bodies must be maintained along with the name of the agency removing them, e.g., police, undertaker, etc.
 - o Be sure appropriate paperwork is filled out.

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4.0 RESPONSIBILITIES OF INDIVIDUALS AND DEPARTMENTS:

1. Unit Medical Head

- Overall Medical and Administrative in-charge for major disaster.
- Authorize announcement of code yellow to hospital personnel.
- Identifying the area for triaging in case of mass causality along with CNO/ Nurse Manager on duty.
- Coordinating, organizing, communicating and assigning duties to specialist and senior medical staff
- Ambulances and emergency team to be send to the disaster site if required
- Liaison with other department's – ICU, OT, Other specialized departments such as radiology, Laboratory, blood bank and pharmacy
- Liaison with other hospital for inter specialty shift of the patient
- Ensure movement of hospital patients to create more room for casualties.
- Coordinate patient care activities.
- Coordinate administrative activities of EMO and other doctors.
- Prepare press notes
- Instruct medical and surgical stores for supplies If required authorize local purchase
- Authorize free treatment and investigations of the injured if necessary.

2. Unit Operational Head

In a **major disaster** will do the following functions:

- Check with local authorities to verify the disaster and obtain additional information.
- Authorize announcement of disaster to hospital personnel.
- Ask for help from local police and volunteer organizations as deemed necessary.
- Stay in the area of administrative offices to be available to assist, as requested, by disaster coordinator.

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- Direct all operational activities.

3. Chief Nursing Officer /Nursing Superintendent / Nursing Supervisor on duty

- Find out adequate numbers of nursing personnel. (This can be assigned to the Unit Coordinator or another nurse but the Supervisor must be aware of the number of nurses coming in.) Have them keep a list of those notified.
- Prepare for expansion by notifying the Housekeeping of the number of extra beds needed and where to set them up.
- If internal, prepare for evacuation of patients to safe area. Movement in each ward should be in an orderly manner depending on the type of patients (stretcher, wheel chair, walking). The Senior Nurse in each ward will coordinate this.
- Make necessary entries in the register.
- Keep a list of patients admitted ready.
- Provide necessary patient care.
- Make available necessary items for patient care.
- Try to make emergency indent from stores.
- Not to relieve staff unless sufficient alternate arrangement is made.
- Mobilize additional nursing staff to casualty.
- Depute one senior nurse to assist the nursing staff.
- Arrange for additional linen, diet, milk for pediatric cases / for patients.

4. Duty Manager

- In a disaster, Duty manager will do the Unit Operational Head's functions, if he is absent.
- Is responsible for notifying all department heads or alternates.
- Will set up a Command Center - All department heads would report in to the supervisor before going to their departments.

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- Will distribute the Wireless equipment to each of the assigned in-charges through the Command Centre
- In a disaster, be responsible to see that families of victims are notified as soon as possible.
- Will coordinate these efforts.

5. Consultant & Incharge/ Dept. of Emergency Medicine / Senior Emergency Medical Officer on duty

- Consultant & Incharge/ Dept. of Emergency Medicine will be the incharge of Command Centre
- On receiving information of disaster from operator Enquire about the nature and magnitude of the emergency, the location, time, possible number of casualties approximate time of arrival of patients.
- Is responsible for determining the extent of the disaster, whether it is a "major" or a "minor" disaster. If it is a major disaster, then the Unit Operational Head will be notified (if not present at time of disaster).
- Will attempt to find adequate numbers of doctors. Keep a list of those notified.
- Leave extension 6666 open to Command Center.
- On duty Senior EMO will be responsible for Triaging along with Senior Emergency Nurse under the guidance of Consultant Incharge.
- Responsible for making arrangements for beds both in Intensive care and wards within and in other designated hospitals.
- Responsible for ambulance movement.
- Inform Duty Manager/ CNO/GM Operations
- Inform the on duty doctors and residents.
- All information to media will be given after getting clearance from by Medical Director/GM Operations.

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6. In-charge of Ambulances

- Call all ambulance drivers and ambulance attendants staying in campus.
- Arrange duties of additional drivers and ambulance attendants.
- Check the ambulances for stretchers, O2 cylinders, equipments, etc.
- Send ambulances as per the unit medical head instruction to shift the patient from disaster site

7. CCU - After notification of disaster, the CCU doctor will

- Evaluate patients in the Intensive Care Unit for possible discharge. Use established discharge criteria as a guide. Transfer patients out if indicated.
- Prepare to admit more critically ill patients.
- Send runner to Command Centre or phone for help.

8. HOD - Security Services / Security Officer on duty

- Report to command center.
- Fire-fighting.
- Assign security personnel for each ward / floor for smooth evacuation and security.
- Responsible for controlling the vehicular traffic.
- Visitor movement control.
- Control of movement of employees (includes identification).
- Liaison with police and fire services for help.
- Dispersal of personal protective equipment (as per Safety Officer's advice).
- Assist the Safety officer.
- In-charge of Mortuary.
- Arrange transport vehicles to bring in extra staff as and when required and also movement of materials.

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9. Safety Officer

- Report to command center.
- Identify safe zones for patients, relatives and staff.
- Dispersal of personal protective equipment.
- Assess Damage in case of internal disaster and report.

10. HOD - Engineering/ Engineer on duty

- Report to command center.
- Responsible for backup generators.
- Responsible for additional sources of water supply.
- To assess and initiate damage control in internal damage.

11. HOD - House Keeping / Executive - Housekeeping on duty

- Report to command center.
- Hazmat handling.
- Mobilize housekeeping staff.
- Mobilize housekeeping staff for Emergency ward.
- Keep Emergency ward clean.
- Shifting of patients, through identified routes.
- Assist patient and patients' relative movement.
- Be responsible for setting up extra beds in hospital if needed.
- Transporting storeroom supplies and bringing in extra supplies from other areas.
- Be sure all hallways or traffic areas are clear of cleaning carts, equipment and etc.
- Responsible for additional sources for potable drinking water.
- Mobilize housekeeping staff to carry dead bodies to mortuary.

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- Provide additional ward attendants to emergency ward.
- Arrange for additional liftmen.
- Arrange their duties.
- Start additional lifts.
- Put indicators, directions stating which lifts are working.

12. HOD -Pharmacy / Senior Pharmacist on duty

- Report to Command Center, and then remain in department.
- Have list of drug suppliers that can provide emergency supplies quickly (list is in Procedure Manual).
- Keep minimum supply of emergency drugs on hand at all times.
- Pharmacy should remain open and have a runner to deliver needed medicines to areas.

13. Telephone Operator on duty

- On receiving information of disaster, immediately alert the Casualty Medical officer on duty.
- Report to Command Centre.
- Assign responsible persons to switchboard as soon as possible.
- Assign dedicated lines for receiving and outgoing separately for hospital use (10 lines).
- Assign dedicated lines for patient information (10 lines).
- Keep him/her available for other important communication to other staff as required.
- Important telephone no. of emergency staff is kept ready with the operator.
- Give priority to calls related to disaster management. Do not keep the telephone busy for other work.
- Reply politely to queries regarding the disaster.

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14. HOD - H.R. / Executive H.R. on duty

- Report to Command Centre.
- Responsible for calling off duty personnel.
- Organizing Transport and Food and beverages for staff on duty
- Responsible for identifying all employees on duty and who have been called for duty
- Responsible for issuing identity tags (after checking credentials) to volunteers and other work force that may be required.

15. Service Excellence/Operations Team lead

- Report to Command Centre.
- Keep all the Media personnel at the designated area.
- To see that the media does not interfere with the rescue work.

16. Food and Beverages Manager

- Department head or designee will call in their own personnel as needed after reporting to Command Center.
- Prepare to serve nourishments to ambulatory patients, house patients, staff & visitor as need arises.
- Be responsible for setting up menus in disaster situation and maintain adequate supplies.

17. HOD - Bio-Medical / Bio-Medical Engineer on duty

- Report to Command Center.
- To check all major equipments and to see that Emergency equipments are working and provide as and when required to the Emergency department.

18. HOD - Medical Records

- Department Head or designee will call in their own personnel as needed after reporting to the Command Center.

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- Assign person to be responsible for maintaining casualty lists and assist with paperwork as needed at Command Center.
- Forms for recording data, identification cards and cards for triage should be available.
- Registration forms are designed in a way that it collects the required information without much delay in the admission process.
- Supply extra forms as needed.

19. HOD - Lab Services / Senior Lab Technician on duty/Blood Bank

- Department Head or designee will call in their own personnel as needed after reporting to Command Center.
- Call additional staff on duty.
- Keep adequate blood units in stock.
- Call personnel from nearby hospitals and clinics as necessary.
- Have arrangements made to obtain additional blood, equipment and supplies from other agencies as required.
- Arrange for donation camps with the help of NGOs.

20. Medical Imaging

Day Shift

- The department head or designee will find out the number of patients involved and any other pertinent information from the Command Centre.
- The department head or designee will be responsible for calling in any and all personnel needed to sufficiently handle the patient load.

Evening Shift

- The technologist on duty or on call for the Radiology Department will be alerted by the night supervisor. This technologist will be considered the designee of the x-ray department and will report to the information centre for further information.

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- It will be the duty of this technologist to call in extra help as needed. All extra help called in will report directly to Radiology.

Duties of Medical Imaging Personnel

Department Head will:

- Call any or all personnel needed.
- Arrange for extra supplies to be brought in if needed.
- Coordinate flow of work and delegation of work areas.
- Sufficient X-ray films should be available with radiology department.
- Other Technologists will:
 - a. Perform all x-ray exams as needed and assigned.
 - b. Perform all clerical duties.

21. HOD – Purchase and Stores

- Department Head or designee will call in their own personnel as needed after reporting to Command Center.
- Be prepared to supply all departments with needed supplies.
- Will designate assistant to supply runners or volunteers to deliver supplies.
- Have an up-to-date list of suppliers who can quickly supply extra materials.

22. Infectious Diseases Specialists

- Collect required epidemic data and submit to appropriate authorities.
- Head the management of epidemics.

23. Operation Room In-charge

- Ensure that O R is ready to receive disaster patients as soon as possible.
- Ensure adequate nurses and technicians are present.
- Ensure that extra instruments (required for various surgeries) are kept in readiness.

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24. CSSD

- All staff to report to the department.
- To ensure that adequate sterile instruments and materials are supplied not only to the stabilisation areas but also to the O.R.

25. Quality Assurance Office

- To coordinate the pre & post Disaster issues and to do analysis.

26. ER Operations

- Arrange Ambulances with the necessary equipments.

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5.0 THE ALERT

The alert of an external disaster will be made from the site of external disaster or from the following authorities.

- State Disaster Cell (Collector Office)
- The police control room or Commissioners office (Law and order Traffic)
- Home Ministry of the State
- Fire Services
- Local /area authorities
- Airport manager or Airline authority
- State Emergency Operation Center
- District Emergency Operation Center

The alert will be a call to the hospital board or to the Emergency department or even to the Ambulance section. The telephone operator on duty directs the emergency call to EMO on duty. EMO on duty should identify the person giving the information and then enquire about the nature and magnitude of the emergency, the location, time, possible number of casualties and approximate time of arrival.

EMO on duty should immediately inform Consultant Incharge of ED to form a command center. EMO informs the Medical Director and GM operations and subsequently activates Code Yellow.

Senior Nurse Incharge will inform Chief Nursing Officer/ Nursing Superintendent and Duty Manager.

The Duty Manager should cross check with the informing authority and try to find out other details regarding the emergency situation and inform Medical Director and unit Operational head of the hospital (if during night and holidays).

The Duty Manager should station himself at Emergency Department and mobilize transport equipments like wheel chairs, trolleys and call additional CMO if there is large number of victims and help the EMOs in the process of documentation and admission.

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The Duty Manager should also alert other emergency departments like Radiology, Clinical Laboratories, Nursing Supervisor, Pharmacist, House Keeping Supervisor so that adequate man power is available like X-ray technicians, lab technicians, nurses, lift operators, ward attendants and housekeeping staff. The pharmacist ensures adequate supplies.

The Duty Manager should also inform and immediately call for security personals to provide adequate security in the casualty area. If required, the police should be informed as well.

The Duty Manager is the overall coordinating officer in the casualty center.

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6.0 EMERGENCY INCIDENT COMMANDER

Mission: Organize and direct Emergency Operations Centre (EOC). Give overall direction for hospital operations and if needed, authorize evacuation.

Immediate:

1. Initiate the Hospital Emergency Incident Command System by assuming role of Emergency Incident Commander.
2. Read this entire Job Action sheet.
3. Put on position identification vest.
4. Announce a status/action plan meeting of all Section heads to be held within 5 to 10 mins.
5. Assign someone as Documentation Recorder/Aide.
6. Receive status report and discuss an initial action plan with section chiefs and Medical staff director. Determine appropriate level of service during immediate aftermath.
7. Receive initial facility damage survey report from Safety officer/Engg; if applicable, evaluate the need for evacuation.
8. Obtain patient census and status from Planning Section Chief. Emphasise proactive actions within the Planning Section. Call for a hospital-wide projection report for 4, 8, 24 and 48 hours from time of incident onset. Adjust projections as necessary.
9. Authorise a patient prioritisation assessment for the purposes of designating appropriate early discharge, if additional beds needed.
10. Assure that contact and resource information has been established with outside agencies through the Front Office.

Intermediate:

1. Authorise resources as needed or requested by Section heads.
2. Designate routine briefings with Section Chiefs to receive status reports and update the action plan regarding the continuance and termination of the action plan.
3. Communicate status to the Medical Director.

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4. Consult with Section Chiefs on needs for staff, physician and volunteer responder food and shelter. Consider needs for dependents. Authorise plan of action.

Extended:

1. Observe all staff, volunteers and patients for signs of stress and inappropriate behaviour. Report concerns to Psychological Support leader. Provide for staff rest periods and relief.
2. Other concerns.

The Ambulance Team will also be put on alert so that Teams along with Ambulances sent to the Disaster Location when the declaration is made. A specific Mobile Team comprising of

- Emergency Doctors - 1 no
- Female Nurse – 1 No
- Male Nurse - 1 No
- Housekeeping Boy- 1 No

The Mobile Team will be put into Alert which will go with The Ambulance team.

The Other Medical teams like orthopedic team, Surgery /Trauma consultants Nursing Staff - Put on alert.

THE DECLARATION

The Declaration of the disaster putting the services of the hospital into gear to help out in the disaster will be made by the previous group, mentioned. Sometimes the Alert and declaration will be simultaneous. Once the declaration is made the EMO on duty receiving the News will mobilize the following:

1. The Disaster Team. (Using the Conference Room as Control Center)
2. The Ambulance Team (mobilized to the scene of the disaster)
3. The Mobile Medical Team. (2 teams to the site of disaster)

ARRIVAL AND TRIAGE

Patients may arrive at the ED/ Surge area by means of ambulances and private vehicles. Many patients may already have been classified and stabilized at the emergency site and

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come with clinical notes and identifications. Triage upon arrival makes it possible to review the severity of the condition. Triage is the process by which victims are sorted according to severity of injury. Immediate attention will have to be paid to the patients who are serious and can be saved.

The goal of triage is:

To select those patients in greatest need of medical attention.

To ensure that patients present for treatment only to the appropriate forewarned medical specialty as a means of conserving limited personnel and supply resources.

The Emergency Nurse/EMO on duty should do triage primarily and once the patients are transferred to specialty departments, they should be re-triaged by the senior consultants from that specialty.

The area of triage upon arrival at the hospital should be the only point of entry for victims of mass casualty. Ambulances will bring the critical ill patients and patients sent from the disaster site to the Emergency area where they will be handed over to the triage teams placed there to sort out the patients.

All casualties will be sent to the assigned areas 1 to 4 by spot triaging: by the EMO or triaging nurse. The best triage classification is also the simplest:

1. Immediate Emergency Resuscitation area (P1) Red
2. Delayed Emergency beds (P2) Yellow
3. Minimal OP Pharmacy waiting area (P3) Green
4. Deceased Mortuary (P4) Black

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Nursing Personnel Assigned to Disaster Victims

- Obtain information and fill out available information and time on disaster tags. Even if no information is available as to identity, give information as to condition, types of injuries, etc.
 - If top sheet on tag has already been picked up, use O.P. record (may use ER Nurses notes) to record changes in patient's condition, additional information, etc.
 - Be sure to use hospital disaster tag number for identification (the tag is in triplicate).
- BE SURE** top sheet of disaster tag is made available to Medical Records with pertinent information.
- DO NOT** leave your patient unattended. Patient may be signed off to person in charge when admitted to a unit.
- Give aggressive first aid treatment.
- Make out the appropriate lab slips and x-ray requisitions with disaster number. It is essential that they have these slips made out.
- Patients who have been admitted to the hospital should have the information slips placed with the Command Centre in the Emergency Department.
- If a patient is transferred, be sure to indicate on the tag to which hospital he has been sent.
- If a patient is admitted to our hospital, be sure and send all oxygen equipment to his room with him.
- Sign disaster tags.

REFERRAL PROCESS

- The EMO on duty, after documentation, directs the patients to different specialty departments for treatment as per the need.
- On arrival, resuscitation measures are carried out and details should be entered in the indoor case papers. Concerned unit heads are informed immediately.

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- Pediatric age group patients should be sent to pediatric departments with hospital attendants with due care.

Emergency arrangements for mass Casualties

Personnel

On duty doctors, nurses, technicians, attendants and other staff on emergency duty should not leave the place of duty unless relief staff arrives for next duty.

Material

- Emergency medicines and surgical items required for treating 20 patients for red and yellow category and 40 green patients in emergency cases kept in readiness in separate specially labeled storage cupboards in the Pharmacy.
- Keys of these cupboards should be available with on duty staff.
- No items from these cupboards should be used for routine cases.
- These items should be checked periodically for expiry dates.
- Those with expiry in near future should be replaced with fresh stock.
- List of these should be prepared and available with Emergency sister.

Initiations

- Emergency control room starts functioning.
- The list of staff members required for emergency duty with contact Nos. is made available in the control room.
- All operation theaters are alerted and OT staffs and OT attendants are called for duty.
- AC operators of AC plants for OT are instructed for continuous working of AC plant.
- Emergency staff members, who are on leave, should be call back, cancelling their leave.
- No leave to be granted during this period unless it is must.
- Routine OPD services will be maintained with help from staff deputed from Para and non-clinical departments.
- Admission will be restricted to emergency cases.

Description	Prepared by	Reviewed by	Approved By
Designation	Head – Emergency	GM Operations	Medical Director
Signature			

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9. HODs are requested to draw out detailed plan of duties to be assigned to staff members to look after casualty services, emergency services, indoor services and ICUs.
10. The duty list should be prepared by HOD of concerned dept. and a copy to be sent to Unit Operational and Medical heads, Control room, Duty Manager, Duty EMO, Telephone operator
11. Deputy Medical Admin/ Consultant Incharge-ED should prepare emergency duty list of EMOs and other duty doctors.
12. Medical Director should take regular rounds of casualties and emergency ward.
13. HODs of clinical departments should arrange for round the clock duties of the staff members.

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Designation	Head – Emergency	GM Operations	Medical Director
Signature			

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7.0 Hospital Function

From Alert and declaration, the hospital will be prepared to receive in the ER, Wards and ICU'S.

Patients who can be discharged will be discharged and those who can manage at home will be sent home in the Ambulances available. The ICU, if possible will be cleared to receive a number of critically ill patients. All efforts to make beds available or new beds put into action.

Name Boards and Signs put in Place to make it easy to access areas.

All functions of the Hospital will continue as normal.

No changes will take place in the reception area.

Security

The Security Services HOD and his team will cordon off the hospital and make access in and out under their control. Patients will be allowed to go home on discharge supervised.

Unauthorized people will not be permitted into the building.

Communication Center/Public (Meeting Area)

A Communication area for the visitors from outside coming to the hospital on hearing the disaster and the walking wounded is set up in the lobby. This will be managed by the reception team under their manager. Patients will be united with family and may be permitted to leave the area with record made in this area and kept. This will reduce the numbers in after care in a major disaster.

Information to the public will be made available with caution by members of the team. A special reception team /Information team will be in place here.

Press Area

A separate cordoned off area away from the disaster will be made available for the Press. As far as possible only minimal visuals should be made available to them as the electronic media will be showing live pictures of the situation and arrival of patients in the hospital.

This area is under the control of the Duty manager / Branding and Communication department of the hospital. Information about the disaster etc. will be made available to the media on a need to know basis with caution.

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Note: the handling of the media correctly should be done with tact. Adverse publicity should be avoided. Again figures should be given with caution.

Re Assessment of Disaster from Mobile team

A Re assessment of the disaster/incident should be made at periodic intervals.

Reports from the Mobile team at disaster location will give an idea of the state of disaster and when de scaling can start.

Once the disaster is under control de scaling may start on advice from the mobile medical unit.

Call Off Alert

The Alert made in the beginning will be put on hold. A caution period will be in place (Suspended Phase) where work will be almost normal but caution in the event of another episode /attack /wave of the disaster. A fresh Mobile medical team sent to replace the previous team sent and this done in periodic intervals while the disaster is being attended.

Return to Normal activity

A period of caution, followed by returning to normal activity. This will be made by the Security Officer, Unit Medical and Operational Heads on receiving reports of the activity from the Mobile team and Casualty teams.

External Disaster Plan

RISK ASSESSMENT AND VULNERABILITY ANALYSIS

- 1) **Floods:** The only source of flooding in our area is from heavy rains. The Low-lying areas get flooded and this may trigger house collapses, landslides and epidemics of water borne diseases. This may also cause problem of rail, road and air transport and may lead to accidents.
- 2) **Cyclones:** Being a coastal city, the coastal areas are prone to gusty winds and cyclonic impacts.
- 3) **Earthquake:** Though Chennai city comes under the earthquake prone belt, we have not experienced major quakes in recent past.

During earthquake there is risk of large scale house collapse, collapse of flyover bridges, bursting of dams, reservoirs and major water supplying huge pipes, causing flooding.

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4) **Tsunami:** This is a new addition to the list of disasters. This has never occurred before in this part of world. In 2006 it caused major casualties all over the world and its effect was severely felt in Tamil Nadu including Chennai. It is associated with an underwater earthquake which causes a large mass of sea water to displace. The resultant enormous tidal waves are then responsible for massive destruction and large number of casualties on the shores.

5) **Accidents:** Modernization of lifestyle and significant progress in transport and communication sector has unfortunately increased the incidence of rail, road as well as air accidents.

6) **Gas leakage:** There are numerous factories in this part of the city, manufacturing and storing hazardous gases and chemicals. Leakage of obnoxious gases from these factories can give rise to large-scale damages.

7) **Fire:** Chennai is greatly diversified and practically has every type of fire risk. The fire can arise from □High rise buildings with inadequate firefighting facilities.

8) **Epidemics:** Chennai has had a few outbreaks of Conjunctivitis, pockets of Leptospirosis and Diarrheal diseases.

9) **Terrorism:** This has become quite frequent these days and preparedness is better.

General Directions for the Implementation of the External Disaster Plan

Day Shift:

The EMO receiving the communications should implement the first step of the disaster plan by notifying the Core Team that a disaster situation exists.

Office personnel, at the direction of Administration or the Supervisor on duty, will then make the following announcement on the paging system and repeat it 3 times: **"YOUR ATTENTION, PLEASE ALERT, CODE YELLOW"**

At this announcement, all department heads will report to the Command Center at ER desk for instructions.

Disaster manuals will be kept available in all desktops in share folder.

All patients involved will be triaged through the Receiving Station.

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The "Command Center" will be at the ER/Security Desk. Additional nurses should be requested through the Command Center. Other department heads or their alternates will contact the number of additional personnel they need.

Evening and Night Shifts:

The EMO on duty will implement the first step of the disaster plan by announcing the Alert and notifying the Core Team that a major disaster situation exists.

EMO/ Sr. Emergency Staff Nurse will then call the nursing supervisor on duty who will notify the following people:

- Emergency Room Nurse In-charge, who will assume triage nurse duties.
- Doctors on call...then all other doctors, as deemed necessary.
- Other "on call" people (e.g., surgery crew, lab, x-ray, etc.)
- Duty Manager will call department heads at home from here.
- The Duty Manager will be in administrative charge until a person higher in line of authority arrives.
- The on-call physician will be in medical charge.

CONTROL ROOM

Control room is essential to coordinate the disaster management activities. This room will function round the clock and hotline connection will be provided. This room will be communicating with control rooms at state level as well as with directorate control room. Statistician from Medical record department will help in compiling the data. This will function under direct supervision of hospital superintendent. A media spokesperson may be appointed by the Medical Director.

Functions of control room

- Compilation of data regarding of disaster victims.
 - Full, name, age, sex.
 - Identification Marks.
 - Address, date & time of admission, registration no.

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- Ward No., Treating unit, Nature of injury, diagnosis.
- Dissemination of the data to higher authorities.
- Media briefing, press notes.
- Analysis and application of data.
- Inter-departmental coordination.
- Reporting to be done as per pre-determined uniform formats.

SIGN BOARDS

Signboards should be prepared and placed at appropriate sites in the hospital campus, to direct the flow of patients and vehicles, particularly at the entry points. Signboards need to be prepared, to indicate evacuation routes in the hospital for internal emergencies.

8.0 Annexures:

1. National Disaster Management Guidelines Management of Biological Disasters
2. National Disaster Management Guidelines Chemical Disasters
3. Compendium Of Laws On Disaster Management
4. National Disaster Management Guidelines Management of Cyclones
5. National Disaster Management Guidelines Management of Earthquakes
6. National Disaster Management Guidelines Management of Floods
7. National Disaster Management Guidelines Hospital Safety
8. National Guidelines for Preparation of Action Plan –Prevention and Management of Cold Wave and Frost
9. Guidelines for Preparation of Action Plan - Prevention and Management of Thunderstorm & Lightning/ Squall/Dust/Hailstorm and Strong Winds
10. National Disaster Management Guidelines Management of Landslides and Snow Avalanches
11. National Disaster Management Guidelines Management of Urban Flooding

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12. National Disaster Management Guidelines Management of Nuclear and Radiological Emergencies

13. National Disaster Management Guidelines Management of Tsunamis

14. National Disaster Management Guidelines National Disaster Management Information and Communication System

CONTROLLED COPY

Description	Prepared by	Reviewed by	Approved By
Designation	Head – Emergency	GM Operations	Medical Director
Signature			

FORM III

(See Rule 10)

AUTHORISATION No: 24BAZ58662006 Dated 02/07/2024

Proceeding No: JCEE-M/CPZ/TNPCB/F.3551MMN/BWA/RL/MMN/2024 dated 02/07/2024

Sub: Tamil Nadu Pollution Control Board – Bio-Medical Waste Authorization - Fresh-HCF-M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED, S.F.No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM village, TAMBARAM Taluk, Chengalpattu District - Authorization under Rule 10 of the Bio-Medical Waste Management Rules, 2016 enacted under Environment (Protection) Act, 1986 – Issued- Reg. (Industry User ID: R21MMN41989775)

Ref: 1. CTO after CTE PROCEEDINGS NO:T1/TNPCB/F.3551MMN/RL/ MMN/W&A/2024 DATED: 26/03/2024
2. Unit's OCMMS Application No. 58662006 dated 02.04.2024
3. BMW-IR.No: F.3551MMN/BWA/RL/DEE/MMN/2024 dated 11/06/2024

AUTHORISATION FOR OPERATING A FACILITY FOR GENERATION, COLLECTION, RECEPTION, TREATMENT, STORAGE, TRANSPORT AND DISPOSAL OF BIO-MEDICAL WASTES.

1. File number of authorization: 24BAZ58662006 and date of issue: 02/07/2024
2. Executive Director (Purchases & Projects) of M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED, an occupier or operator of the facility located at S.F.No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM Village, TAMBARAM Taluk, Chengalpattu District is hereby granted an Authorisation for Generation, Segregation, Collection, Storage, Packaging, Disposal of Bio-Medical Waste
3. M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED is hereby authorized for handling of Bio-Medical waste as per the capacity given below.

i)	Number of beds of HCF	150	Nos	
ii)	Quantity of Bio-Medical Waste handled, treated or disposed			
	Category	Type of Waste	Quantity permitted for handling	Unit
	Yellow	a) Human Anatomical Waste	33	Kg/day
		b) Animal Anatomical Waste	0	Kg/day
		c) Soiled Waste	11	Kg/day
		d) Expired or Discarded Medicines	0	Kg/day
		e) Chemical Solid Waste	0	Kg/day
		f) Chemical Liquid Waste in KLD	4.5	KLD
		g) Discarded linen, mattresses, beddings contaminated with blood or body fluid routine mask and gown	46.7	Kg/day
		h) Microbiology, Biotechnology and other clinical laboratory waste	0	Kg/day
	Category	Type of Waste	Quantity permitted for handling	Unit
	Red	Contaminated waste (Recyclable)	66	Kg/day
	White(Translucent)	Waste sharps including Metals	27.5	Kg/day
	Blue	Glassware	5.5	Kg/day
		Glassware Metallic Body	0	Kg/day

4. The authorization shall be in force for a period up to 31/03/2025
5. The authorization is issued subject to the conditions stated below and to such other conditions as may be specified in the rules for the time being in force under the Environment (Protection) Act, 1986.

Joint Chief Environmental Engineer-Monitoring
Tamil Nadu Pollution Control Board
Chengalpattu

TERMS AND CONDITIONS OF AUTHORIZATION

1. The authorization shall comply with the provisions of the Environment (Protection) Act, 1986 and the rules made there under.
2. The authorization or its renewal shall be produced for inspection at the request of an officer authorized by the Tamil Nadu State Pollution Control Board.
3. The person authorized shall not rent, lend, sell, transfer or otherwise transport the Bio-Medical wastes without obtaining prior permission of Tamil Nadu State Pollution Control Board.

4. Any unauthorized change in personnel, equipment or working conditions as mentioned in the application by the person authorized shall constitute a breach of this authorization.
5. It is the duty of the authorized person to take prior permission of the Tamil Nadu Pollution Control Board to close down the facility and such other terms and conditions may be stipulated by Tamil Nadu Pollution Control Board.
6. Any other conditions for compliance as per the Guidelines issued by the MoEF&CC or CPCB from time to time.

ADDITIONAL CONDITIONS

1. The HCF shall renew and have valid agreements with Biomedical waste facilitator at all times.
2. The HCF shall possess valid consents of the Board under Water and Air Acts at all times.
3. The HCF shall comply with the Biomedical Waste Management Rules, 2016 as amended at all times.
4. The HCF shall collect the Bio Medical Waste as per the waste categorization & colour coding system prescribed in the BMW Rules 2016.
5. The HCF shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment.
6. The HCF shall ensure that the provision made within the premises for a safe, storage of segregated biomedical waste in coloured bags or containers in the manner as specified in Schedule-I of the BMW Rules 2016.
7. The HCF shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDS Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal.
8. The HCF shall ensure that there shall be no secondary handling of segregated biomedical waste and the same shall be handed over directly to the operator of a common bio-medical waste treatment and disposal facility in the manner as specified in Schedule-I of the BMW Rules 2016.
9. The HCF shall ensure that bio-medical waste shall not be mixed with the municipal solid waste under any circumstances.
10. The HCF shall comply with the revised guidelines dt.18.07.2020 issued by CPCB for handling, treatment and disposal of COVID-19 waste at HCFs.
11. The HCF shall strictly follow the steps recommended in the above said guidelines to ensure safe handling and disposal of BMW generated during treatment from COVID-19 isolation wards.

SPECIAL CONDITIONS - HCF

1	All the provisions of the Bio-Medical Waste Management Rules, 2016 must be complied with.
2	The HCF shall take all necessary steps to ensure that bio-medical waste is handled without any adverse effect to human health and the environment and in accordance with the Bio-Medical Waste (BMW) Management Rules, 2016.
3	The HCF shall make a provision within the premises for a safe, ventilated and secured location for storage of segregated biomedical waste in colored bags or containers in the manner as specified in Schedule I of the BMW Rules, 2016. It shall be ensured that there shall be no secondary handling, pilferage of recyclables or inadvertent scattering or spillage by animals and the bio-medical waste from such place or premises shall be directly transported in the manner as prescribed in these rules to the common bio-medical waste treatment facility or for the appropriate treatment and disposal, as the case may be, in the manner as prescribed in Schedule I of the BMW Management Rules, 2016.

4	The HCF shall pre-treat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed by the World Health Organization (WHO) guidelines on safe management of wastes from health care activities and WHO Blue Book, 2014 and then sent to the Common bio-medical waste treatment facility for final disposal.
5	The HCF shall phase out use of chlorinated plastic bags(excluding blood bags) and gloves by 27 th March, 2019.
6	The HCF shall dispose of solid waste other than bio-medical waste in accordance with the provisions of respective waste management rules made under the relevant laws and amended from time to time.
7	The HCF shall not give treated bio-medical waste with municipal solid waste.
8	The HCF shall establish a Bar-Code System for bags or containers containing bio-medical waste to be sent out of the premises or for the further treatment and disposal in accordance with the guidelines issued by the Central Pollution Control Board by 27 th March, 2019.
9	The HCF shall ensure segregation of liquid chemical waste at source and also ensure pre-treatment or neutralization prior to mixing with other effluent generated from health care facilities.
10	The HCF shall ensure treatment and disposal of liquid waste in accordance with the Water (Prevention and Control of Pollution) Act, 1974(6 of 1974).
11	The HCF shall maintain and update on day to day basis the bio-medical waste management register and display the monthly record on its website according to the bio-medical waste generated in terms of category and colour coding as specified in Schedule I of the BMW Management Rules, 2016.
12	The HCF shall inform to TNPCB immediately in case the operator of a CBMWTF does not collect the bio-medical waste within the intended time or as per the agreed time.
13	The HCF shall establish a system to review and monitor the activities related to bio-medical waste management by forming a new committee and the Committee shall meet once in every six months and the record of the minutes of the meetings of the committee shall be submitted along with the annual report to the prescribed authority.
14	It is the responsibility of the occupier of the HCF that the only segregated bio-medical waste as per the Schedule-I of the BMW Management Rules, 2016 shall be handed over to common bio-medical waste treatment facility for treatment, processing and final disposal.
15	It shall be ensured that no untreated bio-medical waste shall be mixed with other wastes.
16	The bio-medical waste shall be segregated into containers or bags at the point of generation in accordance with Schedule I of the BMW Management Rules, 2016 prior to its storage, transportation, treatment and disposal.
17	The containers or bags referred to in sub-rule (2) shall be labeled as specified in Schedule IV of the BMW Management Rules, 2016. The bar code and global positioning system shall be added by the Occupier and common bio-medical waste treatment facility in one year time.
18	Untreated human anatomical waste, animal anatomical waste, soiled waste and biotechnology waste shall not be stored beyond a period of forty-eight hours:Provided that in case for any reason it becomes necessary to store such waste beyond such a period, the occupier shall take appropriate measures to ensure that the waste does not adversely affect human health and the environment and inform the prescribed authority along with the reasons for doing so.
19	Dead Fetus below the viability period (as per the Medical Termination of Pregnancy Act 1971, amended from time to time) can be considered as human anatomical waste. Such waste should be handed over to the operator of common bio-medical waste treatment and disposal facility in yellow bag with a copy of the official Medical Termination of Pregnancy certificate from the Obstetrician or the Medical Superintendent of hospital or healthcare establishment.

20	Cytotoxic drug vials shall not be handed over to unauthorized person under any circumstances. These shall be sent back to the manufactures for necessary disposal at a single point. As a second option, these may be sent for incineration at common bio-medical waste treatment and disposal facility or TSDFs or plasma pyrolysis at temperature >1200°C.
21	Residual or discarded chemical wastes, used or discarded disinfectants and chemical sludge can be disposed at hazardous waste treatment, storage and disposal facility. In such case, the waste should be sent to hazardous waste treatment, storage and disposal facility through operator of common bio-medical waste treatment and disposal facility only.
22	On-site pre-treatment of laboratory waste, microbiological waste, blood samples, blood bags should be disinfected or sterilized as per the Guidelines of World Health Organization or National AIDS Control Organization and then given to the common bio-medical waste treatment and disposal facility.
23	Syringes should be either mutilated or needles should be cut and or stored in tamper proof, leak proof and puncture proof containers for sharps storage.
24	The HCF shall maintain records related to the generation, collection, storage, transportation, treatment, disposal or any other form of handling of bio-medical waste.
25	The HCF shall submit an Annual Report to the prescribed authority (TNPCB) in Form-IV, on or before the 30th June of every year for the period from January to December of the preceding year.
26	The HCF shall make available the annual report on its web-site within a period of two years from the date of publication of Bio-Medical Waste management (Amendment) Rules, 2018
27	In case of any change in the bio-medical waste generation, handling, treatment and disposal for which authorization was earlier granted, the occupier or operator of HCF shall intimate to the prescribed authority about the change or variation in the activity and shall submit a fresh application in Form II for modification of the conditions of Authorization.
28	In case of any major accident at any institution of HCF facility or any other site while handling bio-medical waste, the authorized person shall intimate immediately to the prescribed authority about such accident and forward a report within twenty-four hours in writing regarding the remedial steps taken in Form I.
29	The HCF shall ensure occupational safety of all its health care workers and others involved in handling of bio-medical waste by providing appropriate and adequate personal protective equipments.
30	The occupier of the HCF or an operator of a common bio-medical waste treatment facility shall be liable for all the damages caused to the environment or the public due to improper handling of bio- medical wastes. The occupier or operator of common bio-medical waste treatment facility shall be liable for action under section 5 and section 15 of the Act, in case of any violation.
31	The HCF shall adopt the following treatment and disposal methods as described in the BMW Management Rules, 2016 i. Chemical treatment using at least 1% to 2% Sodium Hypochlorite having 30% residual chlorine for twenty minutes or any other equivalent chemical reagent that should demonstrate Log104 reduction efficiency for microorganisms as given in Schedule- III. ii. Mutilation or shredding must be to an extent to prevent unauthorized reuse.

Joint Chief, Environmental Engineer-Monitoring
Tamil Nadu Pollution Control Board
Chengalpattu

To:

Executive Director (Purchases & Projects)
SRI KAUVERY MEDICAL CARE INDIA LIMITED
No 199, Luz Church Road, Mylapore, Chennai
Pin: 600004

Copy to:

1. Copy submitted to the Member Secretary, Tamil Nadu Pollution Control Board, Chennai for favour of kind information
2. The District Environmental Engineer, Tamil Nadu Pollution Control Board, MARAIMALAI NAGAR

The **FIRST PARTY** shall submit its bills towards Service Charges referred in Clause 3 above on a monthly basis to the **SECOND PARTY** at the end of each month and the **SECOND PARTY** shall pay the same before or on the 5th of the following month.

SECOND PARTY agrees to permit such authorised person/persons of the **FIRST PARTY** duly indicated in writing as and when the **FIRST PARTY** demands visual inspection of the segregated wastes stored in its premises before the same is collected by the **FIRST PARTY** from the said premises of the **SECOND PARTY**.

The **FIRST PARTY** agrees to provide Training on segregation of Biomedical Wastes to the **SECOND PARTY** Free of cost.

This agreement is subject to force majeure i.e. -

- i. war invasion, mobilization, requisition or embargo;
- ii. rebellion, revolution, insurrection or military or usurped power, or civil war;
- iii. Government orders, restrictions, riots, fire, epidemics, sabotage, act of God like earthquake, floods, accidents, breakdown of machinery or any other reasons whatsoever beyond the reasonable control of **FIRST PARTY**.

If any force majeure event outside the control of both parties arises during the currency of this agreement, which renders it impossible or unlawful for the **FIRST PARTY** to fulfil its agreement obligations, the **SECOND PARTY** shall not seek any remedy - legal or financial from the **FIRST PARTY**. However, the terms of this agreement shall be restored as far as both the parties are concerned, once the force majeure events cease to exist.

This Agreement shall be in force initially for valid upto 31st March 2024 and can be renewed thereafter for such period and on such terms and conditions as the parties mutually agree thereon.

If any dispute arises between the parties herein or if any controversies or difference of opinion arises out of or in connection with the recitations of this agreement, the same shall be settled amicably. The jurisdiction shall be restricted to **CHENNAI ONLY**.

IN WITNESS WHEREOF the parties herein set out their hands on the day, date and place above written.

For GJ Multicare (India) Pvt. Ltd.

General Manager

FIRST PARTY

SECOND PARTY

WITNESSETH:

[Signature]
Treasurer
Waste, Chennai - 2

WHEREAS the **FIRST PARTY** has set up a Common Off-site Biomedical Waste Treatment Facility for Chennai in accordance with the standards prescribed in Biomedical Waste (Management & Handling) Rules, 2016 as amended to date for treatment and disposal of Biomedical Wastes generated by various Health Care Establishments in and around Chennai.

WHEREAS the **SECOND PARTY** is a Health Care Establishment, engaged in the service of providing various types of Health Care treatment facilities and generates Biomedical Wastes as defined under the Biomedical Waste (Management & Handling) Rules, 2016 in the course of such medical services to people.

WHEREAS the **SECOND PARTY** is enrolled with the **FIRST PARTY** for collection, transportation, treatment and final disposal by the **FIRST PARTY**, of such Biomedical Wastes generated in the **SECOND PARTY**'s Health Care Facility.

WHEREAS now the **SECOND PARTY** enters into an Agreement with the **FIRST PARTY** as per the following terms and conditions:-

1. The **SECOND PARTY** declares that its bed strength operational is 150 Beds.
2. The **SECOND PARTY** will segregate the Biomedical Wastes as per Schedule II of the Biomedical Waste (Management & Handling) Rules, 2016 at the point of generation in its Health Care Facility and store such segregated Medical Wastes in designated Colour Coded Containers/Bags prior to collection, transportation, treatment and final disposal by the **FIRST PARTY**.
3. The **SECOND PARTY** shall also label the Bio-Medical Waste consumable bags and containers with the service providers name with BAR CODE according to Schedule III of Biomedical Waste (Management & Handling) Rules, 2016.
4. The **FIRST PARTY** shall collect the Biomedical Wastes from **SECOND PARTY** everyday at a specified time to suit the convenience of collection mechanism of the **FIRST PARTY** and the **SECOND PARTY** shall render all assistance to the **FIRST PARTY** in this regard.
5. The **SECOND PARTY** agrees to pay a Service Charge of Rs.8/- per bed per day (12% GST Additional) for the waste collected by the **FIRST PARTY**.
6. Both the parties agree that the rate of service charges mentioned in Clause 5 above will be in force for a period of 1 year from the date of this agreement and thereafter the rate shall be revised by mutual consent after deliberations with Indian Medical Association Nursing Home Board.
7. Notwithstanding the above, the **SECOND PARTY** agrees to consider an increase in the rate if and when there is an increase in the fuel tariff by more than 20% over the prevailing rate. The prevailing rate now is Rs.94.24 per litre for diesel.
8. The **SECOND PARTY** has paid an amount of Rs.72000/- interest free advance for the service charges payable by it. Such advance amount shall not be adjusted against the recurring service charges payable by **SECOND PARTY** to the **FIRST PARTY** and shall remain intact during the period of the agreement.

WELTHREMAVE (India) Pvt. Ltd.

General Manager



भारतीय गैर न्यायिक

बीस रुपये

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Rs. 20

TWENTY
RUPEES

INDIA

INDIA NON JUDICIAL

தமிழ்நாடு சாம்பலாடி TAMIL NADU

9848 819260

V. SUDHARAJAN

Stamp Vendor

L.No: 1214/B1193

Ekattuthangal, Ch-32

Mobile No: 97 90019475

7 JAN 2022

GJ Multiclave (India) Pvt. Ltd.

Old No.20, New No.37, Teachers Colony,

Kamaraajar Avenue,

Adyar, Chennai-600 020



AGREEMENT

**FOR COLLECTION, TRANSPORTATION, TREATMENT AND DISPOSAL OF
BIOMEDICAL WASTES**

This Agreement made and entered into at Chennai on this 28th February 2023 BETWEEN
M/s. G. J MULTICLAVE (INDIA) PVT. LTD, incorporated under the Companies Act, 1956
having it's Registered Office at New No.37, Old No.20, Teachers Colony, Adyar, Chennai - 600
020 represented by its General Manager, **Mr.P.SIVAKUMAR**, S/o. Sri.P.Pauldurai,
hereinafter called the **FIRST PARTY**.

AND

SRI KAUVERY MEDICAL CARE (INDIA) LIMITED, 200 Feet Radial Road, Kovilambakkam,
Chennai - 600 129 hereinafter called the **SECOND PARTY**.

For GJ Multiclave (India) Pvt. Ltd.

P. SIVAKUMAR
General Manager



remaining service charges payable by **SECOND PARTY** to the **FIRST PARTY** and shall
remain intact during the period of the agreement.

GJ Multiclave (India) Pvt. Ltd.

P. SIVAKUMAR
General Manager



Annexure-16

EMP details for Operation & Maintenance to your reference

EXPENDITURE CATEGORY	VENDOR NAME	DURATION	AMOUNT
O&M of STP & ETP	WINDSOR ASSOCIATES	Nov 2023 to sept 2024	625216
Gardening Maintenance	VIRUKSHAM ASSOCIATES	Jun2023 to sept 2024	683280
Solid Waste disposal	Parisudh Eco	Jan 2024 to Sept 2024	401044
Sewage Disposal	Om Sakthi Sewage Services	Mar 2023 to sept 2024	3788582
TOTAL AMOUNT			5498122

Solid Waste Service Charges							
Date	Month	Bill No	Base Amount	GST Amount	Gross Amount	TDS@2 %	Net Amount
29-02-2024	Jan'2024	PEC/SW/441/23-24	32,053	5,770	37,823	641	37,181
27-03-2024	Feb'2024	PEC/SW/499/23-24	35,200	6,336	41,536	704	40,832
29-04-2024	Mar'2024	PEC/SW/561/23-24	44,840	8,071	52,911	897	52,014
29-05-2024	April'2024	PEC/SW/021/23-24	32,301	5,814	38,115	646	37,469
28-06-2024	May'2024	PEC/SW/086/24-25	37,962	6,833	44,795	759	44,036
29-07-2024	June'2024	PEC/SW/170/24-25	39,295	7,073	46,368	786	45,582
27-08-2024	July'2024	PEC/SW/232/24-25	44,190	7,954	52,144	884	51,260
28-09-2024	Aug'2024	PEC/SW/244/24-25	38,626	6,953	45,579	773	44,806

2024							
23-10-2024	Sep'2024	PEC/SW/336/24-25	41,261	7,427	48,688	825	47,863
			3,45,728	62,231	4,07,959	6,915	4,01,044

Biomedical waste Transportation, Treatment and Safe Disposal Charges

Date	Month	Bill No	Base Amount	GST Amount	Gross Amount	TDS@2%	Net Amount
29-07-2023	June'2023	GJC/72031/AI	36000	4320	40320	720	39600
14-08-2023	July'2023	GJC/74439/AI	37200	4464	41664	744	40920
27-09-2023	Aug'2023	GJC/78711/AI	37200	4464	41664	744	40920
31-10-2023	Sep'2023	GJC/82962/AI	36000	4320	40320	720	39600
30-11-2023	Oct'2023	GJC/87067/AI	37200	4464	41664	744	40920
26-12-2023	Nov'2023	GJC/91485/AI	36000	4320	40320	720	39600
31-01-2024	Dec'2023	GJC/95582/AI	37200	4464	41664	744	40920
28-02-2024	Jan'2024	GJC/99850/AI	37200	4464	41664	744	40920
27-03-2024	Feb'2024	GJC/106120/AI	34800	4176	38976	696	38280
29-04-2024	Mar'2024	GJC/180451/AI	37200	4464	41664	744	40920
29-05-2024	April'2024	GJC/111103/AI	1,43,921	17,271	1,61,192	2,878	1,58,313
28-06-2024	May'2024	GJC/113527/AI	1,38,588	16,631	1,55,219	2,772	1,52,447
29-07-2024	June'2024	GJC/115946/AI	1,30,837	15,700	1,46,537	2,617	1,43,921
27-08-2024	July'2024	GJC/118391/AI	1,34,827	16,179	1,51,006	2,697	1,48,310
28-09-2024	Aug'2024	GJC/120849/AI	1,39,525	16,743	1,56,268	2,791	1,53,478
23-10-2024	Sep'2024	GJC/123325/AI	1,45,792	17,495	1,63,287	2,916	1,60,371
			11,99,490	1,43,939	13,43,429	23,990	13,19,439

Plants Maintenance & Supervision Charges

Date	Month	Bill No	Base Amount	GST Amount	Gross Amount	TDS@1%	Net Amount
18-11-	June'23 to	001/2023-					

2023	Oct'23	24	1,82,500	32,850	2,15,350	1,825	2,13,525
26-12-2023	Nov'2023	02/2023-24	36,500	6,570	43,070	365	42,705
31-01-2024	Dec'2023	005/2023-24	36,500	6,570	43,070	365	42,705
29-02-2024	Jan'2024	007/2023-24	36,500	6,570	43,070	365	42,705
27-03-2024	Feb'2024	009/2023-24	36,500	6,570	43,070	365	42,705
29-04-2024	Mar'2024	001/2024-25	36,500	6,570	43,070	365	42,705
29-05-2024	April'2024	003/2024-25	36,500	6,570	43,070	365	42,705
28-06-2024	May'2024	005/2024-25	36,500	6,570	43,070	365	42,705
29-07-2024	June'2024	009/2024-25	36,500	6,570	43,070	365	42,705
27-08-2024	July'2024	010/2024-25	36,500	6,570	43,070	365	42,705
28-09-2024	Aug'2024	012/2024-25	36,500	6,570	43,070	365	42,705
23-10-2024	Sep'2024	015/2024-25	36,500	6,570	43,070	365	42,705
			5,84,000	1,05,120	6,89,120	5,840	6,83,280

STP,UF&ETP Plant Operation and Maintenance Charges							
Date	Month	Bill No	Base Amount	GST Amount	Gross Amount	TDS@2%	Net Amount
10-02-2024	Nov'2023	CHEW073	26,100	4,698	30,798	522	30,276
10-02-2024	Dec'2023	CHEW078	40,935	7,368	48,303	819	47,485
29-02-2024	Jan'2024	CHEW089	41,806	7,525	49,331	836	48,495
28-03-2024	Feb'2024	CHEW097	52,138	9,385	61,523	1,043	60,480
30-04-2024	Mar'2024	CHEW111	54,000	9,720	63,720	1,080	62,640
31-05-2024	April'2024	CHEWS006	54,000	9,720	63,720	1,080	62,640
29-06-2024	May'2024	CHEWS017	54,000	9,720	63,720	1,080	62,640

31-07-2024	June'2024	CHEWS029	54,000	9,720	63,720	1,080	62,640
31-08-2024	July'2024	CHEWS039	54,000	9,720	63,720	1,080	62,640
28-09-2024	Aug'2024	CHEWS050	54,000	9,720	63,720	1,080	62,640
10-10-2024	Sep'2024	CHEWS057	54,000	9,720	63,720	1,080	62,640
			5,38,979	97,016	6,35,995	10,780	6,25,216

Sewage Cleaning Charges							
Date	Month	Bill No	Base Amount	GST Amount	Gross Amount	TDS@2%	Net Amount
10-04-2023	Mar'2023	Mar'2023	85500	0	85500	1710	83790
09-05-2023	April'2023	April'2023	106500	0	106500	2130	104370
12-06-2023	AdminOffice_May'2023	AdminOffice_May'2023	109500	0	109500	2190	107310
12-06-2023	Hospital_May'2023	Hospital_May'2023	96000	0	96000	1920	94080
07-07-2023	Hospital_June'2023	Hospital_June'2023	61500	0	61500	1230	60270
14-08-2023	AdminOffice_July'2023	AdminOffice_July'2023	172500	0	172500	3450	169050
18-09-2023	AdminOffice_Aug'2023	AdminOffice_Aug'2023	228000	0	228000	4560	223440
17-10-2023	AdminOffice_Sep'2023	AdminOffice_Sep'2023	189000	0	189000	3780	185220
17-10-2023	Hospital_Sep'2023	Hospital_Sep'2023	147000	0	147000	2940	144060
17-11-2023	AdminOffice_Oct'2023	AdminOffice_Oct'2023	172500	0	172500	3450	169050
17-11-2023	Hospital_Oct'2023	Hospital_Oct'2023	172500	0	172500	3450	169050

21-12-2023	AdminOffice_Nov'2023	AdminOffice_Nov'2023	155400	0	155400	3108	152292
21-12-2023	Hospital_Nov'2023	Hospital_Nov'2023	145600	0	145600	2912	142688
25-01-2024	AdminOffice_Dec'2023	AdminOffice_Dec'2023	154000	0	154000	3080	150920
25-01-2024	Hospital_Dec'2023	Hospital_Dec'2023	78400	0	78400	1568	76832
10-02-2024	AdminOffice_Jan'2024	AdminOffice_Jan'2024	144200	0	144200	2884	141316
10-02-2024	Hospital_Jan'2024	Hospital_Jan'2024	113400	0	113400	2268	111132
14-03-2024	AdminOffice_Feb'2024	AdminOffice_Feb'2024	120400	0	120400	2408	117992
14-03-2024	Hospital_Feb'2024	Hospital_Feb'2024	123200	0	123200	2464	120736
17-04-2024	AdminOffice-Mar'2024	AdminOffice-Mar'2024	130200	0	130200	2604	127596
17-04-2024	Hospital_Mar'2024	Hospital_Mar'2024	124600	0	124600	2492	122108
09-05-2024	AdminOffice_April'2024	AdminOffice_April'2024	131600	0	131600	2632	128968
09-05-2024	Hospital_April'2024	Hospital_April'2024	50400	0	50400	1008	49392
15-06-2024	Admin_Office_May'24	Admin_Office_May'24	140000	0	140000	2800	137200
15-06-2024	Hospital_May'24	Hospital_May'24	46200	0	46200	924	45276
10-07-2024	Admin-Office-June'24	Admin-Office-June'24	142800	0	142800	2856	139944
10-07-2024	Hospital-June'24	Hospital-June'24	30800	0	30800	616	30184
13-08-2024	Admin-office-July'24	Admin-office-July'24	163800	0	163800	3276	160524
06-09-2024	Admin-Office-Aug'24	Admin-Office-Aug'24	168000	0	168000	3360	164640

2024							
10-							
10-	Admin-office-	Admin-office-					
2024	Sep'24	Sep'24	162400	0	162400	3248	159152
			38,65,9 00	-	38,65,9 00	77,318	37,88,5 82

SRI KAUVERY MEDICAL CARE (INDIA) LTD
Old No. 17A, New No. 8A, Murray's Gate Road,
Alwarpet, Chennai - 600 018
GST No : 33AACR2115E12Y PAN No: AACR2115Z

WORK ORDER

To:
M/V. CLAR AQUA (P) LTD
No. 10/51, Ganesh Avenue, 4th Street, Shakti Nagar, Porur, Chennai-600134
E-mail : info@claracqua.com
Contact person : Mr. Lakshminan
Contact No : 900111244/9500026363
GST No : 33AADCC518H12B
PAN No : AADCC518H

PROJECT : KOVILAMBURAM, CHENNAI
ORDER NUMBER : SKAC/KVBM/P/NEP/005
ORDER DATE : 20/05/2022
PR Ref No: KVBM/PR/SELF-003
QUOTE REF : CAP/KM/STP/ORT/50-1
QUOTE DATE : 10/05/2022

Dear Sir/Madam,
With reference to your offer and discussion, we are pleased to confirm our work order for the following materials supply/service subject to Terms & Conditions mentioned below/attached with the order.

WORK	Design, Supply, Installation, Testing & Commissioning of STP, ETP & WTP complying the Technical specifications attached				
S.No	DESCRIPTION	QTY	UNIT	RATE	AMOUNT
1	Sewage Treatment Plant - 130 KLD	1	Set	18,00,000	18,00,000
2	Ultra Filtration System - 30 KLD	1	Set	5,00,000	5,00,000
3	Effluent Treatment plant - 10 KLD	1	Set	80,000	80,000
4	Water Treatment Plant - 125 KLD	1	Set	6,50,000	6,50,000
Total Amount (Without Tax)					30,30,000
GST @ 18%					5,45,400
Grand Total Amount					35,75,400

Amount in Words: Rupees Thirty Five Lakhs Seventy Five Thousand and Four Hundred Only

Terms And Conditions:

- Payment schedule**
20% Advance
60% against Supply of Materials at Site
10% against Installation
5% against Testing, Commissioning & Handing over
5% after completion of O&M period of 3 Months
- Delivery Address**
Sri Kauvery Medical Care (India) Ltd.
Survey numbers 18/781A, 18/781B, 22/1A1A, 22/2A, 22/2B and 22/2C
abutting 100 Ft. AMRO Road, Kottaimakkam Village, Tambaram Taluk,
Chengalpattu District.
- Billing Address**
Sri Kauvery Medical Care (India) Ltd.
Old No. 17A, New No. 8A, Murray's Gate Road,
Alwarpet, Chennai - 600 018
- Contract Type : Item rate
- Project Duration : 3 Months from the date of Workorder
- Warranty : 2 years
- Other Terms and Conditions are as per Appendix attached.

Registered Office

Sri Kauvery Medical Care (India) Limited
(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)
New No. 17A, Old No. 8A, Murray's Gate Road, Alwarpet, Chennai - 600 018
CIN: U85110TN1997PLC039401 P: 044 - 6173-4700
E: companysecretary@kauveryhealthcare.com W: www.kauveryhospital.com

Notes:			
1.	Kindly acknowledge the receipt of this order and return the accepted PO/WO within 3 days. Non-receipt of acceptance / comments will mean that PO/WO along with all terms and conditions would be deemed to have been accepted		
2.	All annexures attached are forming the part of this order		
3.	Order number reference shall be mentioned on invoices and all documents.		
4.	Documents supporting the delivery of material/services shall accompany along with the invoices		
FOR KAU/MDX			
Preparation	Verification		Approved
			
Purchaser	Project Coordinator	Senior Manager - Materials & Purchase	Group Head Purchase
			Apd ED - Purchase & Projects
Acknowledgement			
I/We hereby acknowledge receipt of work order & agree to comply with all terms & conditions stipulated therein & agree that this service order shall form a part of contract document & agreement between us.			
			Accepted by Name & Signature

Registered Office

Sri Kauvery Medical Care (India) Limited

(Formerly known as Sri Kauvery Medical Care (Trichy) Limited.)

New No. 17A, Old No. 8A, Murugan's Gate Road, Alwarpet, Chennai - 600 018

CIN : U55110TN1997PLC039491 P: 044 - 6173 4700

E: companysecretary@kauveryhealthcare.com W: www.kauveryhospital.com



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

M/S. Vigro Realtors Private Limited

Date: 06-12-2018

No.5 Thirumurthy Street, T
Nagar, Chennai 17.

System Generated Auto Assessment for Height Clearance

1. Airports Authority of India (AAI) in pursuance of responsibility conferred by and as per the provisions of Govt. of India (Ministry of Civil Aviation) order GSR 751 (E) dated 30th Sep. 2015 for Safe and Regular Aircraft Operations has assessed the site data filled by the applicant.

2. Assessment details for Height Clearance:

NOC ID :	CHEN/SOUTH/B/120618/353486
Applicant Name*	Dakshinamurthy J
Site Address*	SNo.18/2B1A, 18/2B2, 22/1A1A 22/2A.22/2B, and 22/2C at 200 feet, MMRD Road, Kovilambakkam Village, Sholinganallur Taluk, Kancheepuram Dist
Site Coordinates*	80 11 22.02-12 56 52.96, 80 11 22.35-12 56 54.42, 80 11 23.21-12 56 52.90, 80 11 23.52-12 56 54.26
Site Elevation in mtrs AMSL. as submitted by Applicant*	10.63 M
Type Of Structure*	Building

*As provided by applicant

Your site is located at a distance 5360 mts from ARP and lies in the grid O13 of the published CCZM of Chennai airport. The Permitted top elevation for this grid is 75 mts.

Since the requested top elevation 70.63 mts in AMSL is below CCZM permitted top elevation, the NOC for height clearance is not required from Airports Authority of India.

3. This assessment is subject to the terms and conditions as given below:

a. The site-elevation and site coordinates provided by the applicant are taken for calculation of the permissible top elevation for the proposed structure. If however, at any stage it is established that the actual data is different from the one provided by the applicant, this assessment will become invalid.

b. The Site coordinates as provided by the applicant in the NOC application has been plotted on the street view map and satellite map as shown in ANNEXURE. Applicants/Owner to ensure that the plotted coordinates corresponds to his/her site. In case of any discrepancy, this assessment shall be treated as null and void

2. Airport operator or his designated representative may visit the site (with prior coordination with applicant or owner) to ensure that assessment terms & conditions are complied with.

1. The assessment is further subject to the provisions of Section 9-A of the Indian Aircraft Act, 1934 and any notifications issued there under from time to time including the Aircraft (Demolition of Obstruction caused by Buildings and Trees etc.) Rules, 1994.



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

e. The applicant is responsible to obtain all other statutory clearances from the concerned authorities including the approval of building plans. This assessment for height is to ensure the safe and regular aircraft operations and shall not be used as document for any other purpose/claim whatsoever, including ownership of land etc.

f. Use of oil, electric or any other fuel which does not create smoke hazard for flight operations is obligatory, within 8 KM of the Aerodrome Reference Point.

g. This assessment has been issued w.r.t. the Civil Airports as notified in GSR 751(E). Applicant needs to seek separate NOC for Defence, if the site lies within jurisdiction of Defence Airport. Applicants also need to seek clearance from state Govt. as applicable, for sites which lies in the jurisdiction of unlicensed civil aerodrome as outlined in Rule 13 of GSR751 (E).

This assessment is system auto generated and thus does not require any signature

Designated Officer

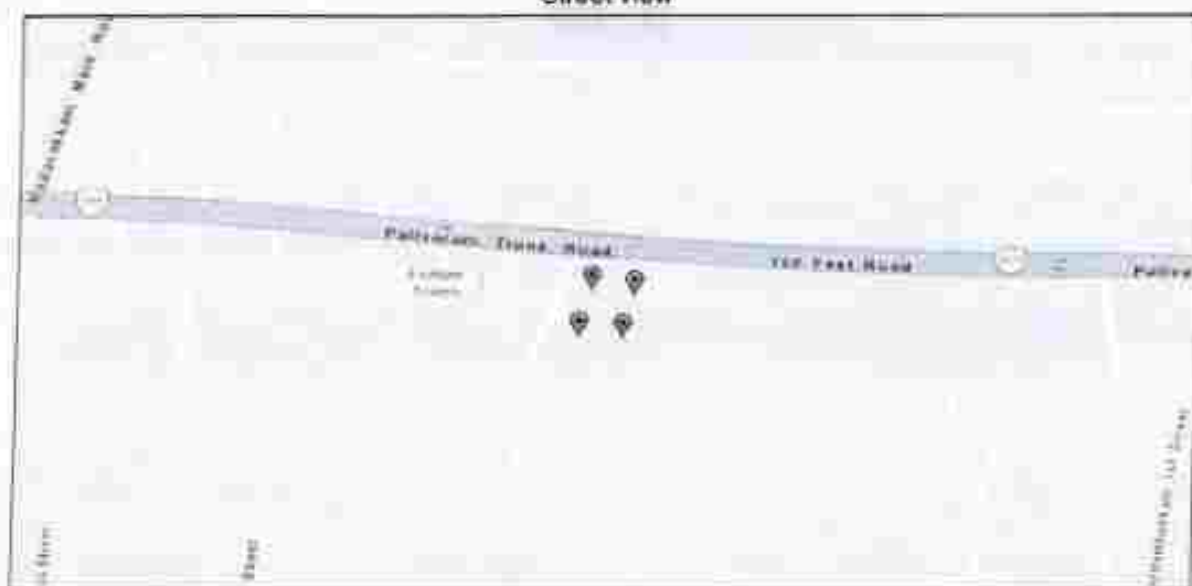
Region Name: SOUTH

Address: General Manager Airports
Authority of India, Regional
Headquarter, Southern Region,
Chennai Airport,
Chennai-600027 (Tamil Nadu)

Email ID: vomn.noc@aii.aero

Contact No: 044-22560046

Street view



Satellite View



01/10/2024

To
The Director,
TamilNadu Fire and Rescue Services,
No.17, Rukmani Lakshmiipathy Salai,
Egmore, Chennai-600 008

Dear Sir,

Sub: Requesting to Renew the Fire License.

Ref:

- Fire License No: 522/2023
- The Joint Director, Northern Region, Chennai: Report R.C.No. 5372/C/2023 dated 07.11.23
- K.Ds.No.17168/C1/2023 dated 17.11.23

With reference to our subject, we would like to renew the Fire license which valid until 17.11.2024, so we kindly request you to do the needful as soon as possible.

Thanking you
Yours sincerely,



M/s. Sri Kauvery Medical Care India Ltd.

Enclosed:

1. Annexure 1 & 2
2. Fire License – Final order (522/2023)

Sri Kauvery Medical Care (India) Limited

No.2/473, Radial Road, Kovilambakkam, Chennai - 600 129, Tamilnadu, India.

T - 044 6111 6111, E - 044 4050 4050, M +91 94911 94977

Email : care.km@kauveryhospital.com

Tamil Nadu Fire and Rescue Services

ANNEXURE-I

(To be submitted to the Inspection Team at the time of their visit)

1.	Name of the Building and Address	M/s. Sri Kauvery Medical Care (India) Limited, Survey Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C AT 200FEET MMRD ROAD, KOVILAMBAKKAM VILLAGE, TAMBARAM TALUK, CHENGALPET DISTRICT
	a. Plot Area	5160 Sq. mtrs
	b. Total No. of floors with floor area Total Floor Area	Total Build up Area- 25182.99 Sq. Mtrs
	i. Basement	2 Nos - Total Build up Area- 4403.71 Sq. Mtrs
	ii. Ground Floor	Ground Floor - 1707.15 Sq. mtrs
	iii. Mezzanine Floor	NIL
	iv. Floors	12
	c. Height of the building (in meters)	42 Mtrs
	d. Entrance (width)	9 Mtrs
	e. Approach road (width)	60 Mtrs
2.	Occupancy / Use	Hospital
3.	Parking areas	Existing Approved: Car Parking - 89 Nos & Two Wheeler- 106 Nos Proposed - Car parking - 12 Nos & Two Wheeler - 12 Nos.
4.	Exposure hazard	



5.	Fire resistance of construction materials	
a.	Self-closing fire / smoke check doors	Yes, Provided
b.	Partitions	Brick walls with 2 Hrs of Fire Resistance
c.	False Ceiling	Yes, Provided
d.	Lining for air-conditioning ducts	Yes, Provided
e.	Insulation for air-conditioning ducts	Yes, Provided
f.	Paneling	Yes, Provided
g.	Surface finishes	Yes, Provided
h.	Enclosures for panels for electrical switches, shafts etc., and access doors to such enclosures	Separately Provided fire Rated Doors
6.	Compartmentation	Yes, Provided
7.	Ventilation	Yes, Provided
8.	Means of entry	Main Entry
9.	Means of escape	Staircase & Ramp
10.	Electric Installations	Yes, Provided
11.9	Alternate lighting arrangements	Yes, Provided
9		
12.	Rooms air-conditioners	Yes, Provided
13.	Drainage	Yes, Provided



14.	Lighting protections	Yes, Provided
15.	Fire protection & alarm system	Yes, Provided
16.	Water supply (well, bore pumps, water mains etc.)	Available
17.	Fire pumps (Total Nos.)	DIESEL ENGINE PUMP - 137m ³ /h@105.3 ELECTRICAL DRIVEN PUMP - 137m ³ /h@105.3 Jockey pump - 10.80 m ³ /h@105Mtrs
18.	Wet riser down comer & Hydrant system & automatic sprinkler system	Yes, Provided
19.	Hose reel & Hose box	Yes, Provided
20.	Portable fire extinguishers	Yes, Provided
21.	Fire lift with separate generator	Yes, Provided
22.	Storage of Diesel / Oil / LPG	Diesel: 900Ltrs
23.	Communication System	
a.	Public Address System	Yes, Provided
b.	Inter-communication system	Yes, Provided
c.	Illuminated signs	Yes, Provided
24.	Maintenance of fire protection installation equipment (by whom)	Motec Design- Sprinkler & Hydrant System Siemens- PA & PA
25.	Firefighting training to staff	Yes, Provided
26.	Details of licenses issued	CMDA CC- CMDA/CC/HRB/S/0071/2023 Fire License: 522/2023



ANNEXURE-II

(To be submitted to the Inspection Team at the time of their visit)

1.	Description of the Building & Address	M/s. Sri Kauvery Medical Care (India) Limited, Survey Nos. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C AT 200FEET MMRD ROAD, KOVILAMBAKKAM VILLAGE, TAMBARAM TALUK, CHENGALPET DISTRICT
a.	No. of floors with each floor in sq. mtrs	Existing approved: Basement 1&2 (4403) + Ground (1707) + 12 floor (18040) Sq. meters Proposed: Basement 1 (250.97) + 12 Floors (1556.15) Sq. Meters
b(i)	No. of staircase with width of each staircase	2 Nos of Staircase with 2mtr Width
b(ii)	No. of lifts and capacity of each, availability of service staircase, service lift etc. should be mentioned	Total lifts: 6 Nos of Lift Passenger lifts: 4 Nos- 1020 Kg Bed lifts: 2 Nos- 1600Kg
c.	No. of rooms and halls at each floor along with the nature of occupancy	SINGLE ROOM- 40Nos (7F&8F) ICU, PICU&NICU-83 Nos(3F to 6F) CONSULTATION ROOM-40 No's (1F&2F) OT-6Nos (3F) CATH LAB (5F) CT-1 No's (GF) MRI No's (GF)
d.	Canteen details if any	Dry canteen without LPG
2.	Total occupancy	Existing approved: 160 Nos Proposed: 20 Nos
3.	No. of HP machineries installed	Details attached
4.	Details of Generator, if any, provided	
a.	H.P / K.V of generator	600KVA-2 Nos & 1010KVA - 1Nos
b.	Quantity of diesel, furnace oil stored	900 Liters
c.	NIL	
	Nature of Air-Conditioner system in the premises	Air cooled Type
6.	Extent of site and set back around the building on all four directions (to be specified separately)	

7.	Whether automatic fire detectors / fire alarms installed	Yes
8.	No. of fire lifts available and their location	All the 6 lifts are fireman lifts Bed lifts 2 Nos – Basement 1 to 12 th floor Passenger Lifts 4 Nos – Basement 2 to 12 th floor
9.	Whether alternative power supply is available for fire lifts, emergency lights and pumps of wet riser (their rated capacity)	Yes (UPS 225 + 30 KVA)
10.	Whether fire safety officer is available round the clock and if so, whether his subordinates are trained by the local fire services	Yes Available at 24 Hrs.
11.	Whether fire drill has been conducted and joint evacuation drill has been conducted by the security officer and the local fire service officer	Yes
12.	Details of present inspections to comply table 3 in part IV of NBC of India 1983	
	a. Wet riser	Yes Provided
	b. Hose reel	Yes Provided
	c. Details of hoses	Yes Provided (15 Mtrs Length X 2 Nos of RRL hose)
	d. Extinguishers - their nos. and capacity	CO2 type Fire extinguisher 4.5Kgs – 65 Nos ABC powder type fire Extinguisher 4Kgs – 183 Nos FE36 Automatic Ceiling mounted clean agent extinguisher 10Kgs – 10 Nos Foam type Fire extinguisher 45Liters – 2 Nos Foam type Fire extinguisher 9Liters – 1 Nos
	e. Hydrants	Yes, Provided
	f. Sprinklers	Yes, Provided
	g. Water supply details such as underground tank and / or terrace tank	Fire sump – 2Lakhs liters, Raw water sump – 2Lakhs liters, Treated water sump – 2Lakhs liters Fire overhead tank – 20KL, Treated water overhead tank – 10.5KL
	h. Fire buckets with stand	3nos
13.	Whether copy of the approved plan of the building is enclosed	Yes, Enclosed





K.Dis.No.17168/C1/2023
Dated. 17.11.2023.

O/o.the Director of Fire & Rescue Service,
No.17, Rukmani Lakshmipathi Salai,
Egmore, Chennai - 600 008.

Licence No.522/2023 (Issue)

Ref: (1) Letter from the **M/s. Sri kauvery Medical Care (India)Limited, Chennai**, Dated:29.09.2023.

(2) Letter R.C.No.5372/C/2023, dated:07.11.2023 from the Chairman, MSB Inspection Committee, **Northern Region, Chennai.**

With reference to the letter first cited, the Fire Licence is issued as under, based on the recommendations in the reference 2nd cited.

FIRE & RESCUE SERVICES LICENCE

Fire Licence is hereby issued under section 13 of the Tamilnadu Fire and Rescue Service Act 1985 to the Multi-Storied building classified as **Group C Institutional Building, Sub-Division C-1 Hospitals of M/s. Sri Kauvery Medical Care (India) Limited**, consisting of 2 Basement floor + Ground Floor + 12 Floors with the height of 42 meters up to terrace level at 200 feet MMRD Road, Kovilambakkam, Sholinganallur, Chennai subject to the following conditions and such other conditions as may be prescribed from time to time. This Licence is valid for **ONE YEAR** from **17.11.2023 to 16.11.2024** and should be renewed on **17.11.2024**.

CONDITIONS

1. Cable running along the ramp should be sealed and made smoke / fire resistant.
2. The generator located close to the ramp shall be enclosed on the ramp side, so any smoke / fire in the generator shall not affect evacuation in the ramp.
3. Critical patients and those incapable of self preservations and having physical impavement shall not be housed above 30 meters.
4. Basement should not be used for residential purposes.
5. No service duct shafts should be extended in the basement level.

6. Basement should not be used for Theatre, assembly halls, exhibition halls, club rooms, gymnasiums and restaurants.
7. Kitchens, canteen, pantry or dining are not allowed in the basement.
8. Basement should not be used for having substation or Oil transformer.
9. Basement should not be used for combustible material storage.
10. Any material which involves highly corrosive, toxic or noxious alkalis, acids or other liquids or chemicals producing flame, fumes, and explosive, poisonous irritant or corrosive gases should not be kept in the basement.
11. Periodical maintenance should be ensured to keep all fire protection equipments and system always in good working condition.
12. "Mock Drill" should be conducted periodically and the date of conduction should be informed to District Officer, Chennai City, South District well in advance to enable the team to make suggestions, if any.
13. Trained Fire personnel should be available to operate the systems in case of any emergency.
14. All Fire Fighting equipments should be kept always in good working condition at all times.
15. Any erection of permanent or temporary structure should be intimated to this Fire and Rescue Services Department.
16. With reference to air-conditioning it should not exceed the Electricity Board load on any account.
17. Available set back area 9 mtrs at all sides should be maintained to withstand the weight of 45 tons of fire fighting vehicle.
18. House Keeping Dumping of waste material any where should be avoided. Dust bins should be cleared frequently.
19. Emergency FIRE Exit, door should open from the floor to staircase only and not the other way round. The door should be in red reflector & arrow marks should commensurate with the gradient of staircase.
20. Do's & Don'ts in times of emergencies should be available in a laminated hanging pad or otherwise in the telephone operator's desk as well as in the CE or Emergency in charge of officer's desk.
21. Alternate staircase should be kept free without any obstruction.
22. All staircases should be kept open during office hours and should be kept usable at any point of emergency.
23. Fire Order / Contingency plan should be prepared and displayed in each floor also containing Rescue Team members name, designation and contact number.

24. As per section 3.2 of BIS 12459, 1988 - code of practice for fire safety in cable regularization, 1 m transparent fire retardant coatings shall be applied to all cables at termination points in electrical panels and all cables inside the distribution boxes.

[Signature]
For Director,
Fire and Rescue Services,
Tamil Nadu.

To:
M/s. Sri Kauvery Medical Care (India) Limited,
New No.17A, Old No.8A,
Murry's Gate Road,
Awarpet, Chennai - 600 018.



Copy to:
The Joint Director, Fire and Rescue Services,
Northern Region, Chennai.

original Received
18/11/23
(Finance)



TAMILNADU POLLUTION CONTROL BOARD

Category of the Industry :

RED



CONSENT ORDER NO. 2404255438445 DATED: 26/03/2024.

PROCEEDINGS NO.T1/TNPCB/F.3551MMN/RL//MMN/A/2024 DATED: 26/03/2024

SUB: Tamil Nadu Pollution Control Board -CONSENT TO OPERATE -After CTE -M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED , S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM village Tambaram Taluk and Chengalpattu District - Consent for operation of the plant and discharge of emissions under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981 as amended in 1987 (Central Act 14 of 1981) -Issued- Reg.

REF: 1. CTE Proceedings No. T1 / TNPCB / P.3551MMN / RL / MMN / W&A / 2022, dated: 25/10/2022
2. Unit's Application No.55438445, dated: 29/10/2023
3. IR No. F.3551MMN / RL / AE / MMN / 2024, dated: 07/03/2024
4. Minutes of the 321st Consent Clearance Committee meeting held on 20/03/2024 vide Item No.321-5

CONSENT TO OPERATE is hereby granted under Section 21 of the Air (Prevention and Control of Pollution) Act, 1981 as amended in 1987 (Central Act 14 of 1981) (hereinafter referred to as "The Act") and the rules and orders made there under to

Executive Director (Purchases & Projects)
M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED
S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C
KOVILAMBAKKAM Village
Tambaram Taluk
Chengalpattu District

Authorizing the occupier to operate the industrial plant in the Air Pollution Control Area as notified by the Government and to make discharge of emission from the stacks/chimneys.

This is subject to the provisions of the Act, the rules and the orders made there under and the terms and conditions incorporated under the Special and General conditions stipulated in the Consent Order issued earlier and subject to the special conditions annexed.

This CONSENT is valid for the period ending March 31, 2025

R
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SARASAVANI

Date: 2024.03.27
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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

To
Executive Director (Purchases & Projects),
M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED,
No 199, Luz Church Road, Mylapore, Chennai
Pin: 600004



TAMILNADU POLLUTION CONTROL BOARD

Copy to:

1. The Commissioner, **TAMBARAM-Municipality**, Tambaram Taluk, Chengalpattu District.
 2. The District Environmental Engineer, Tamil Nadu Pollution Control Board, **MARAIMALAI NAGAR**.
 3. The JCEE-Monitoring, Tamil Nadu Pollution Control Board, Chengalpattu.
 4. File
-



TAMILNADU POLLUTION CONTROL BOARD

SPECIAL CONDITIONS

1. This consent to operate is valid for operating the facility for the manufacture of products (Col. 2) at the rate (Col. 3) mentioned below. Any change in the products and its quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Sl. No.	Description	Quantity	Unit
Product Details			
1.	Hospital for medical treatment with beds	150	Numbers
2.	Hospital with Basement - 2 Nos + Ground Floor + Floors (I-XII Nos) having Built-up Area	25139.33	Square meter

2. This consent to operate is valid for operating the facility with the below mentioned emission/noise sources along with the control measures and/or stack. Any change in the emission source/control measures/change in stack height has to be brought to the notice of the Board and fresh consent/Amendment has to be obtained.

I Point source emission with stack :				
Stack No.	Point Emission Source	Air pollution Control measures	Stack height from Ground Level in m	Gaseous Discharge in Nm ³ /hr
1	DG SET 1000 KVA	Acoustic enclosures with stack	58	
2	DG SET 1000 KVA	Acoustic enclosures with stack	58	
II Fugitive/Noise emission :				
Sl. No.	Fugitive or Noise Emission sources	Type of emission	Control measures	
1.	DG SET 1000 KVA - 2 NOS	Noise	ACOUSTIC ENCLOSURES MEASURES	

- 3(a). The emission shall not contain constituents in excess of the tolerance limits as laid down hereunder :

Sl	Parameter	Unit	Tolerance limits	Stacks

Annexure enclosed if applicable. :-

- 3.(b) The Ambient Air in the industrial plant area shall not contain constituents in excess of the tolerance limits prescribed below.



TAMILNADU POLLUTION CONTROL BOARD

Sl. No.	Pollutant	Time Weighted Average	Unit	Tolerance Limits	
				Industrial, Residential, Rural and other area	Ecologically Sensitive Area (notified by Central Govt.)
1.	Sulphur Dioxide (SO ₂)	Annual 24 hours	microgram/m ³ microgram/m ³	50 80	20 80
2.	Nitrogen Dioxide (NO ₂)	Annual 24 hours	microgram/m ³ microgram/m ³	40 80	30 80
3.	Particulate Matter (Size Less than 10 micro M) or PM ₁₀	Annual 24 hours	microgram/m ³ microgram/m ³	60 100	60 100
4.	Particulate Matter (Size Less than 2.5 micro M) or PM _{2.5}	Annual 24 hours	microgram/m ³ microgram/m ³	40 60	40 60
5.	Ozone (O ₃)	8 Hours 1 Hour	microgram/m ³ microgram/m ³	100 180	100 180
Sl. No.	Pollutant	Time Weighted Average	Unit	Tolerance Limits	
				Industrial, Residential, Rural and other area	Ecologically Sensitive Area (notified by Central Govt.)
6.	Lead (Pb)	Annual 24 hours	microgram/m ³ microgram/m ³	0.5 1.0	0.5 1.0
7.	Carbon Monoxide (CO)	8 Hours 1 Hour	milligram/m ³ milligram/m ³	02 04	02 04
8.	Ammonia (NH ₃)	Annual 24 hours	microgram/m ³ microgram/m ³	100 400	100 400
9.	Benzene (C ₆ H ₆)	Annual	microgram/m ³	5	5
10.	Benzo(a) Pyrene (BaP) -particulate phase only	Annual	nanogram/m ³	01	01
11.	Arsenic (As)	Annual	nanogram/m ³	06	06
12.	Nickel (Ni)	Annual	nanogram/m ³	20	20

3(c) The Ambient Noise Level in the industrial plant area shall not exceed the limits prescribed below:

Limits in L _{eq} -dB(A)	Day Time	Night Time
Residential Area	55	45

- All units of the Air pollution control measures shall be operated efficiently and continuously so as to achieve the standards prescribed in Sl. No.3 above.
- The occupier shall not change or alter quality or quantity or the rate of emission or replace or alter the air pollution control equipment or change the raw material or manufacturing process resulting in change in quality and/or quantity of emissions without the previous written permission of the Board.
- The occupier shall maintain log book regarding the stack monitoring system or operation of the plant or any other particulars for each of the unit operations of air pollution control systems to reflect the working condition which shall be furnished for verification of the Board officials during inspection.
- The occupier shall at his own cost get the samples of emission/air/noise levels collected and analyzed by the TNPC Board Laboratory once in every 6 months/once in a year/periodically for the parameters as prescribed.



TAMILNADU POLLUTION CONTROL BOARD

8. Any upset condition in any of the plants of the factory which is likely to result in increased emissions and result in violation of the standards mentioned in Sl.No.3 shall be reported to the Member Secretary / Joint Chief Environmental Engineer-Monitoring and the concerned District/Assistant Environmental Engineer of the Board by e-mail immediately and subsequently by Post with full details of such upset condition.
9. The occupier shall always comply and carryout the order/directions issued by the Board in this Consent Order and from time to time without any negligence. The occupier shall be liable for action as per provisions of the Act in case of non compliance of any order/directions issued.

Special Additional Conditions:

The unit shall obtain No Objection Certificate (NOC) from the Tamil Nadu Bio Diversity Board /National Bio Diversity Authority if the unit is using any Biological resources or knowledge associated thereto as per the provisions of Biological Diversity Act 2002.

The industries shall take all efforts to use and popularize "Mission LIFE" logo and mascot which is available in TNPCB & MoEFCC website. They shall also request their employees to adopt "Mission LIFE" action points and document the same and furnish half yearly report to Board.

Additional Conditions:

1. The HCF comply the conditions stipulated in the Environmental Clearance issued from SELAA.TN vide Letter No. SEIAA-TN/F.No.7493/EC/8(a)/783/2021 dated 23.08.2021 and SEIAA-TN/F.7493/EC/8(a)/783/Amend/2021 dated 11.07.2022.
2. The HCF shall maintain the stack and acoustic enclosure provided for the DG Set efficiently so as to adhere to the AAQ/Stack emission standards prescribed by the Board.
3. The HCF shall adhere to the ANL standards prescribed by the Board.
4. The HCF shall develop green belt in a minimum of 25% of its total area by planting tall tree saplings (Kurunkadugal scheme) [1000 saplings shall be planted in each Kurunkadu with spacing of 5x5m for each tree and sapling should be 5 to 7 ft height, 8-10 months old saplings and bag size required for sapling is 30x45cm] within the premises.

R

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Date: 2024.03.27 14:56:54
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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai



TAMILNADU POLLUTION CONTROL BOARD

GENERAL CONDITIONS

1. The occupier shall make an application along with the prescribed consent fee for grant of renewal of consent at least 60 days before the date of expiry of this Consent Order along with all the required particulars ensuring that there is no change in production quantity and emission.
2. This Consent is given by the Board in consideration of the particulars given in the application. Any change or alteration or deviation made in actual practice from the particulars furnished, in the application will also be ground for review/variation/revocation of the Consent Order under Section 21 of the Act.
3. The conditions imposed shall continue in force until revoked under Section 21 of the Act.
4. After the issue of this order, all the 'Consent to Operate' orders issued previously under Air (Prevention and Control of Pollution) Act, 1981 as amended stands defunct.
5. The occupier shall maintain an Inspection Register in the factory so that the inspecting officer shall record the details of the observations and instructions issued to the unit at the time of inspection for adherence.
6. The occupier shall provide and maintain an alternate power supply along with separate energy meter for the Air Pollution Control measures sufficient to ensure continuous operation of all pollution control equipments to ensure compliance.
7. The occupier shall provide all facilities to the Board officials for collection of samples in and around the factory at any time.
8. The applicant shall display the flow diagram of the sources of emission and pollution control systems provided at the site.
9. The liquid effluent arising out of the operation of the air pollution control equipment shall also be treated in a manner and to the satisfaction of standards prescribed by the Board in accordance with the provisions of Water (Prevention and Control of Pollution) Act, 1974 as amended.
10. The air pollution control equipments, location of inspection chambers and sampling port holes shall be made easily accessible at all time.
11. In case of any episodal discharge of emission, the industry shall take immediate action to bring down the emission within the limits prescribed by the Board.
12. If applicable, the occupier has to comply with the provisions of Public Liability Insurance Act, 1991 to provide immediate relief in the event of any hazard to human beings, other living creatures/plants and properties while handling and storage of hazardous substances.
13. The issuance of this consent does not authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any natural watercourse or in Government Poramboke lands.
14. The issuance of this Consent does not convey any property right in either real personal property or any exclusive privileges, nor does it authorize any injury to private property or Government property or any invasion of personal rights nor any infringement of Central, State laws or regulation.
15. The occupier shall forth with keep the Board informed of any accident of unforeseen act or event of any poisonous, noxious or polluting matter or emissions are being discharged into stream or well or air as a result of such discharge, water or air is being polluted.
16. If due to any technological improvements or otherwise the Board is of opinion that all or any of the conditions referred to above requires variation (including the change of any treatment system, either in whole or in part) the Board shall, after giving the applicant an opportunity of being heard, vary all or any of such conditions and thereupon the applicant shall be bound to comply with the conditions as so varied.
17. In case there is any change in the constitution of the management, the occupier of the new management shall file fresh application under Air (Prevention and Control of Pollution) Act, 1981, as amended in Form-1 alongwith relevant documents of change of management immediately and get the necessary amendment with renewal of consent order.
18. In case there is any change in the name of the company alone, the occupier shall inform the same with relevant documents immediately and get the necessary amendments for the change of name from the Board.



TAMILNADU POLLUTION CONTROL BOARD

19. The occupier shall display this consent order granted to him in a prominent place for perusal of the inspecting Officers of this Board.

R

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Date: 2024.03.27

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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai



TAMILNADU POLLUTION CONTROL BOARD



Category of the Industry

RED



CONSENT ORDER NO. 2404155438445 DATED: 26/03/2024.

PROCEEDINGS NO. T1/TNPCB/F-3551MMN/RL/MMN/W/2024 DATED: 26/03/2024

SUB: Tamil Nadu Pollution Control Board - CONSENT TO OPERATE -After CTE -M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED, S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM village Tambaram Taluk and Chengalpattu District - Consent for the operation of the plant and discharge of sewage and/or trade effluent under Section 25 of the Water (Prevention and Control of Pollution) Act, 1974 as amended in 1988 (Central Act 6 of 1974) -Issued- Reg.

REF: 1. CTE Proceedings No. T1 / TNPCB / F-3551MMN / RL / MMN / W&A / 2022, dated: 25/10/2022
2. Unit's Application No 55438445, dated: 29/10/2023
3. IR No. F-3551MMN / RL / AE / MMN / 2024, dated: 07/03/2024
4. Minutes of the 321st Consent Clearance Committee meeting held on 20/03/2024 vide Item No.321-5

CONSENT TO OPERATE is hereby granted under Section 25 of the Water (Prevention and Control of Pollution) Act, 1974 as amended in 1988 (Central Act, 6 of 1974) (hereinafter referred to as "The Act") and the rules and orders made there under to

Executive Director (Purchases & Projects)
M/s. SRIKAUVERY MEDICAL CARE INDIA LIMITED
S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C
KOVILAMBAKKAM Village
Tambaram Taluk
Chengalpattu District

Authorising the occupier to make discharge of sewage and/or trade effluent.

This is subject to the provisions of the Act, the rules and the orders made there under and the terms and conditions incorporated under the Special and General conditions stipulated in the Consent Order issued earlier and subject to the special conditions annexed.

This CONSENT is valid for the period ending March 31, 2025

R
SARASAVANI

Digitally signed by

R SARASAVANI

Date: 2024.03.27

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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

To
Executive Director (Purchases & Projects),
M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED,
No 199, Luz Church Road, Mylapore, Chennai
Pin: 600004



TAMILNADU POLLUTION CONTROL BOARD

Copy to:

1. The Commissioner, TAMBARAM-Municipality, Tambaram Taluk, Chengalpattu District.
2. The District Environmental Engineer, Tamil Nadu Pollution Control Board, MARAIMALAI NAGAR.
3. The KCE-Monitoring, Tamil Nadu Pollution Control Board, Chengalpattu.
4. File

SPECIAL CONDITIONS

1. This consent to operate is valid for operating the facility for the manufacture of products (Col. 2) at the rate (Col. 3) mentioned below. Any change in the products and its quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Sl. No.	Description	Quantity	Unit
Product Details			
1.	Hospital for medical treatment with beds	150	Numbers
2.	Hospital with Basement - 2 Nos + Ground Floor + Floors (I-XII Nos) having Built-up Area	25139.33	Square meter

2. This consent to operate is valid for operating the facility with the below mentioned permitted outlets for the discharge of sewage/trade effluent. Any change in the outlets and the quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Outlet No.	Description of Outlet	Maximum daily discharge in KLD	Point of disposal
Effluent Type : Sewage			
1.	SEWAGE 1	45.0	Utilizing for Toilet flushing
2.	SEWAGE 2	3.0	On land for gardening
3.	Sewage 3	55.0	Perungudi CMWSSB STP
Effluent Type : Trade Effluent			
1.	Trade Effluent	4.5	Perungudi CMWSSB STP

3. The effluent discharge shall not contain constituents in excess of the tolerance Limits as laid down hereunder.



TAMILNADU POLLUTION CONTROL BOARD

Sl. No.	Parameters	Unit	TOLERANCE LIMITS - OUTLETS - Nos				
			Sewage		Trade Effluent		
			1	2 & 3	1		
1.	pH		5.5 to 9	5.5 to 9	5.5 to 9		
2.	Temperature	oC	-	-	shall not exceed 5°C above the receiving water temperature		
3.	Particle size of Suspended solids	-	-	-	shall pass 850 micron IS sieve		
4.	Total Suspended Solids	mg/l	30	30	100		
5.	Total Dissolved solids (inorganic)	mg/l	-	-	2100		
6.	Oil & Grease	mg/l	-	-	10		
7.	Biochemical Oxygen Demand (3 days at 27oC)	mg/l	20	20	30		
8.	Chemical Oxygen Demand	mg/l	-	-	250		
9.	Chloride (as Cl)	mg/l	-	-	1000		
10.	Sulphates (as SO ₄)	mg/l	-	-	1000		
11.	Total Residual Chlorine	mg/l	-	-	1		
12.	Ammonical Nitrogen (as N)	mg/l	-	-	50		
13.	Total Kjeldahl Nitrogen (as N)	mg/l	-	-	100		
14.	Free Ammonia (as NH ₃)	mg/l	-	-	5		
15.	Arsenic (as As)	mg/l	-	-	0.2		
16.	Mercury (as Hg)	mg/l	-	-	0.01		
17.	Lead (as Pb)	mg/l	-	-	0.1		
18.	Cadmium (as Cd)	mg/l	-	-	2		
19.	Hexavalent Chromium (as Cr+6)	mg/l	-	-	0.1		
20.	Total Chromium (as Cr)	mg/l	-	-	2		
21.	Copper (as Cu)	mg/l	-	-	3		
22.	Zinc (as Zn)	mg/l	-	-	1		
23.	Selenium (as Se)	mg/l	-	-	0.05		
24.	Nickel (as Ni)	mg/l	-	-	3		
25.	Boron (as B)	mg/l	-	-	2		
26.	Percent Sodium	%	-	-	-		
27.	Residual Sodium Carbonate	mg/l	-	-	-		
28.	Cyanide (as CN)	mg/l	-	-	0.2		
29.	Fluoride (as F)	mg/l	-	-	2		
30.	Dissolved Phosphates (as P)	mg/l	-	-	5		
31.	Sulphide (as S)	mg/l	-	-	2		
32.	Pesticides	mg/l	-	-			
33.	Phenolic Compounds (as C ₆ H ₅ OH)	mg/l	-	-	1		
34.	Radioactive materials a) Alpha emitters	micro curie/ml	-	-	10 ⁻⁷		
35.	Radioactive materials b) Beta emitters	micro curie/ml	-	-	10 ⁻⁶		



TAMILNADU POLLUTION CONTROL BOARD

56	Fecal Coliform	MPN/100ml	-	-	-		

4. All units of the sewage and Trade effluent treatment plants shall be operated efficiently and continuously so as to achieve the standards prescribed in SI No.3 above or to achieve the zero liquid discharge of effluent as applicable.
5. The occupier shall maintain the Electro Magnetic Flow Meters/water Meters installed at the inlet of the water supply connection for each of the purposes mentioned below for assessing the quantity of water used and ensuring that such meters are easily accessible for inspection and maintenance and for other purposes of the Act.
 - a. Industrial Cooling, Spraying in mine pits or boiler feed.
 - b. Domestic purpose.
 - c. Process.
6. The occupier shall maintain the Electro Magnetic Flow Meters with computer recording arrangement for measuring the quantity of effluent generated and treated for the monitoring purposes of the Act.
7. Log book for each of the unit operations of ETP have to be maintained to reflect the working condition of ETP along with the readings of the Electro Magnetic Flow Meters installed to assess effluent quantity and the same shall be furnished for verification of the Board officials during inspection.
8. The occupier shall at his own cost get the samples of effluent/surface water/ground water collected in and around the unit by Board officials and analyzed by the TNPC Board Laboratory periodically.
9. Any upset condition in any of the plants of the factory which is, likely to result in increased effluent discharge and result in violation of the standards mentioned in SI No.3 above shall be reported to the Member Secretary / Joint Chief Environmental Engineer-Monitoring and the concerned District/Assistant Environmental Engineer of the Board by e-mail immediately and subsequently by Post with full details of such upset condition.
10. The occupier shall always comply and carryout the order/directions issued by the Board in this Consent Order and from time to time without any negligence. The occupier shall be liable for action as per provisions of the Act in case of non compliance of any order/directions issued.
11. The occupier shall develop adequate width of green belt at the rate of 400 numbers of trees per Hectare.
12. The occupier shall provide and maintain rain water harvesting facilities.
13. The occupier shall ensure that there shall not be any discharge of effluent either treated or untreated into storm water drain at any point of time.
14. In the case of zero liquid discharge of effluent units, the occupier shall adhere the following conditions as laid under.
 - i). The occupier shall ensure zero liquid discharge of effluent, thereby no discharge of untreated / treated effluent on land or into any water bodies either inside or outside the premises at any point of time.
 - ii) The occupier shall operate and maintain the Zero liquid discharge treatment components comprising of Primary, Secondary and tertiary treatment systems at all times and ensure that the RO permeate/Evaporator condensate shall be recycled in the process and the final RO reject shall be disposed off with the reject management system ensuring zero liquid discharge of effluents in the premises.
 - iii) The occupier shall operate and maintain the reject management system effectively and recover the salt from the system which shall be reused in the process if reusable or shall be disposed off as ETP sludge.
 - iv) In case of failure to achieve zero discharge of effluents for any reason, the occupier shall stop its production and operations forthwith and shall be reported to the Member Secretary/Joint Chief Environmental Engineer-Monitoring and the concerned District/Assistant Environmental Engineer of the Board by e-mail immediately and subsequently by Post with full details of such upset condition.
 - v) The occupier shall restart the production only after ascertaining that the Zero discharge treatment system can perform effectively for achieving zero discharge of effluents.

Special Additional Conditions:

The unit shall obtain No Objection Certificate (NOC) from the Tamil Nadu Bio Diversity Board /National Bio Diversity Authority if the unit is using any Biological resources or knowledge associated thereto as per the provisions of Biological Diversity Act 2002.

The industries shall take all efforts to use and popularize "Mission LIFE" logo and mascot which is available in TNPCB & MoEFCC website. They shall also request their employees to adopt "Mission LIFE" action points and document the same and furnish half yearly report to Board.

Additional Conditions:



TAMILNADU POLLUTION CONTROL BOARD

1. The HCF shall comply with the conditions stipulated in the environmental clearance issued vide letter no. SEIAA -TN/F.No.7493/EC/8(a)/783/2021 dated 23.08.2021 and letter no. SEIAA-TN/F.7493/EC/ 8(a)/783/Amend/2021 dated 11.07.2022.
2. The HCF shall operate and maintain the Sewage Treatment Plant along with UV treatment system efficiently and continuously so as to satisfy the standards prescribed by the Board and shall ensure that the treated sewage of 45 KLD is utilized for toilet flushing, 3 KLD is utilized on land for gardening, 55 KLD disposed to Perungudi STP through GPS fitted authorized sewage tanker lorry.
3. The HCF shall ensure that the owner of the vehicle transporting treated sewage has installed a vehicle location tracking device / GPS in the vehicle with digital lock system to monitor the movements of vehicle to ensure that the sewage is collected and disposed into the Perungudi STP as proposed.
4. The HCF shall obtain the permission from the local body for the utilization of treated sewage of 55 KLD and trade effluent of 4.5 KLD for avenue plantation as per EC within a month's time.
5. The HCF shall operate and maintain the Effluent Treatment plant continuously and efficiently and the treated effluent of 4.5 KLD shall be disposed to Perungudi STP through authorized GPS fitted sewage tanker lorry.
6. The HCF shall comply with the conditions with respect to Corporate Environment Responsibility (CER) as stipulated in the EC issued vide letter dated 23.08.2021 and 11.07.2022 before next renewal.
7. The HCF shall maintain the dual plumbing system for the utilization of treated sewage for toilet flushing and for green belt development after satisfying the standards prescribed by the Board.
8. The HCF shall ensure that the treated effluent/ treated sewage are not discharged outside the unit premises under any circumstances.
9. The HCF shall maintain the EMFMs with automatic recorder and display arrangement at the inlet/outlet of STP and at the disposal points of the treated sewage for gardening, toilet flushing and for Perungudi STP through authorized sewage lorry.
10. The HCF shall maintain energy meter for the continuous operation of STP & ETP.
11. The HCF shall not clean the STP and ETP tanks manually and it should be carried out only by mechanical system.
12. The HCF shall install the OCEMS in the STP within 6 months by following the procedure and guidelines for OCEMS 2018 as recommended by CPCB and to carry out periodical calibrations of the same, to ensure continuous and efficient operation as committed.
13. The HCF shall calibrate periodically the Electromagnetic Flow meters provided in the STP/ETP/GWTP only through approved laboratories of Weights and Measures Department and furnish the report.
14. The HCF shall always possess valid permission from competent authority for supply of fresh water.
15. The HCF shall periodically analyze the treated sewage samples through TNPCB lab and furnish the report to the Board.
16. The HCF shall apply for authorization under Hazardous and Other Wastes (M&TBM) Rules, 2016 within a month's time.
17. The HCF shall obtain Authorization under Bio-Medical Waste Management Rules, 2016 within a month's time.
18. The HCF shall pretreat the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilization on-site in the manner as prescribed in the Bio-medical Waste Management (Amendment) Rules, 2018.
19. The HCF shall ensure to phase out use of chlorinated plastic bags, and gloves (excluding blood bags) as per Bio-medical Waste Management (Amendment) Rules, 2018.
20. The HCF shall provide training to all its health care workers and others involved in handling of bio-medical waste at the time of induction and thereafter at least once every year.
21. The HCF shall collect the Bio Medical Waste as per the waste categorization & colour coding system prescribed in the BMW Rules 2016 and shall not mix the biomedical waste with municipal solid waste.
22. The HCF shall maintain records on day-to-day basis with respect to the quantity of generation of Biomedical Waste and quantity of disposal to the common biomedical waste treatment and disposal facility.
23. The HCF shall maintain separate closed roof shed for storage of BMW in the unit premises.
24. The HCF shall make available the annual report on its website as per the Biomedical Waste Management (Amendment) Rules, 2018.
25. The HCF shall comply with the provisions of Bio Medical waste (Management) Rules 2016 and Bio-medical Waste Management (Amendment) Rules, 2018 for management and disposal of Bio Medical waste.
26. The HCF shall renew and have valid agreements with biomedical waste facilitators at all times.
27. The HCF shall not use "Use and throwaway plastics" such as plastic sheets used for food wrapping, spreading on dining table etc., plastic plates, plastic coated tea cups, plastic tumbler, water pouches and packets, plastic straw, plastic carry bag and plastic flags irrespective of thickness, within the industry premises. Instead unit shall encourage use of ecofriendly alternatives such as banana leaf,



TAMILNADU POLLUTION CONTROL BOARD

areca nut palm plate, stainless steel, glass, porcelain plates/cups, cloth bag, jute bag etc.

28. The HCF shall comply with the E-Waste Management Rules 2022. E-Waste as listed in Schedule-I, generated by them shall be channelized through collection center or dealer of authorized producer or dismantler or recycler or through the designated take back service provider of the producer to authorized dismantler or recycler. The unit shall maintain records of e-waste generated by them in Form-2 and make such records available for scrutiny by the TNPCB. The unit shall file annual returns in Form-3, to the TNPCB on or before the 30th day of June following the financial year

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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai



TAMILNADU POLLUTION CONTROL BOARD

GENERAL CONDITIONS

1. The occupier shall make an application along with the prescribed consent fee for grant of renewal of consent at least 60 days before the date of expiry of this Consent Order along with all the required particulars ensuring that there is no change in Production quantity and change in sewage/Trade effluent.
2. This Consent is issued by the Board in consideration of the particulars given in the application. Any change or alteration or deviation made in actual practice from the particulars furnished in the application will also be ground for review/variation/revocation of the Consent Order under Section 27 of the Act and to make such variation as deemed fit for the purpose of the Act.
3. The consent conditions imposed in this order shall continue in force until revoked under Section 27(2) of the Act.
4. After the issue of this order, all the 'Consent to Operate' orders issued previously under Water (Prevention and Control of Pollution) Act, 1974 as amended stands defunct.
5. The occupier shall maintain an Inspection Register in the factory so that the inspecting officer shall record the details of the observations and instructions issued to the unit at the time of inspection for adherence.
6. The occupier shall provide and maintain an alternate power supply along with separate energy meter for the Effluent Treatment Plant sufficient to ensure continuous operation of all pollution control equipments to maintain compliance.
7. The occupier shall provide all facilities to the Board officials for inspection and collection of samples in and around the factory at any time.
8. The occupier shall display the flow diagram of the sources of effluent generation and pollution control systems provided at the ETP site.
9. The solid waste such as sweepings, wastage, package, empty containers, residues, sludge including that from air pollution control equipments collected within the premises of the industrial plant shall be collected in an earmarked area and shall be disposed off properly.
10. The occupier shall collect, treat the solid wastes like food waste, green waste generated from the canteen and convert into organic compost.
11. The occupier shall segregate the Hazardous waste from other solid wastes and comply in accordance with Hazardous Wastes (Management, Handling and Transboundary Movement) Rules, 2008.
12. The occupier shall maintain good house-keeping within the factory premises.
13. All pipes, valves, sewers and drains shall be leak proof. Floor washings shall be admitted into the trade effluent collection system only and shall not be allowed to find their way in storm drains or open areas.
14. The occupier shall ensure that there shall not be any diversion or by-pass of trade effluent on land or into any water sources.
15. The occupier shall ensure that solar Evaporation pans shall be constructed in such a way that the bottom of the solar pan is at least 1 m above the Ground level (if applicable).
16. The occupier shall furnish the following returns in the prescribed formats to the concerned District office regularly.
 - a) Monthly water consumption returns of each of the purposes with water meter readings in Form-I on or before 3th of every month.
 - b) Yearly return on Hazardous wastes generated and accumulated for the period from 1st April to 31st March in Form-4 before the end of the subsequent 30th June of every year (if applicable).
 - c) Yearly Environmental Statement for the period from 1st April to 31st March in Form-V before the end of the subsequent 30th September of every year (if applicable).
17. If applicable, the occupier has to comply with the provisions of Public Liability Insurance Act, 1991 to provide immediate relief in the event of any hazard to human beings, other living creatures/plants and properties while handling and storage of hazardous substances.
18. The issuance of this consent does not authorize or approve the construction of any physical structures or facilities or the undertaking of any work in any natural watercourse or in Government Foremboke lands.
19. The issuance of this Consent does not convey any property right in either real personal property or any exclusive privileges, nor does it authorize any injury to private property or Government property or any invasion of personal rights nor any infringement of Central, State laws or regulation.



TAMILNADU POLLUTION CONTROL BOARD

20. The occupier shall forth with keep the Board informed of any accident of unforeseen act or event of any poisonous, noxious or polluting matter or emissions are being discharged into stream or well or air as a result of such discharge, water or air is being polluted.
21. If due to any technological improvements or otherwise the Board is of opinion that all or any of the conditions referred to above requires variation (including the change of any treatment system, either in whole or in part) the Board shall, after giving the applicant an opportunity of being heard, vary all or any of such conditions and thereupon the applicant shall be bound to comply with the conditions as so varied.
22. In case there is any change in the constitution of the management, the occupier of the new management shall file fresh application under Water (Prevention and Control of Pollution) Act, 1974, as amended in Form-II alongwith relevant documents of change of management immediately and get the necessary amendment with renewal of consent order.
23. In case there is any change in the name of the company alone, the occupier shall inform the same with relevant documents immediately and get the necessary amendments for the change of name from the Board.
24. The occupier shall display this consent order granted to him in a prominent place for perusal of the inspecting Officers of this Board.

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For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

Category of the Industry :

RED



CONSENT ORDER NO. 2201241989817 DATED: 25/10/2022.

PROCEEDINGS NO.T1/TNPCB/4-3551MMN/RL/MMN/A/2022 DATED: 25/10/2022



SUB: TNPC Board Consent for Establishment-M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED, S.F. No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM Village, Tambaram Taluk and Chengalpattu District - for the establishment or take steps to establish the industry under Section 21 of the Air(Prevention and control of Pollution)Act,1981, as amended in 1987(Central Act. 14 of 1981)-Issued -Reg.

REF: 1. Unit's application dated 16.12.2021
2. IR.No : F.3551MMN/RL/AE/MMN/2022 dated 12/10/2022
3. Minutes of 265th TSC meeting held on 13.10.2022 side agenda item no. 205-B.

Consent to establish or take steps to establish a hereby granted under Section 21 of the Air (Prevention and control of Pollution) Act,1981, as amended in 1987 and the Rules and Orders made there under in

Executive Director (Purchases & Projects),
M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED
S.F.No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C,
KOVILAMBAKKAM Village,
Tambaram Taluk,
Chengalpattu District.

Authorizing occupier to establish or take steps to establish the industry in the site mentioned below:

S.F.No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C,
KOVILAMBAKKAM Village,
Tambaram Taluk,
Chengalpattu District.

This Consent to establish is valid upto **August 22, 2028**, or till the industry obtains consent to operate under Section 21 of the Air (Prevention and control of Pollution) Act, 1981, as amended in 1987 whichever is earlier subject to special and general conditions enclosed.

**RAGHAVAN
SARASAVANI**

For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

The Member Secretary has examined the application and the site plan and has found that the industry is situated in a suitable area and the consent to establish is granted under Section 21 of the Air (Prevention and control of Pollution) Act, 1981, as amended in 1987.

To
Executive Director (Purchases & Projects),
M/s. SRI KAUVERY MEDICAL CARE INDIA LIMITED,
No. 199, Luz Church Road, Mylapore, Chennai.
Pin: 600004



TAMILNADU POLLUTION CONTROL BOARD

SPECIAL CONDITIONS

1. This consent to establish is valid for establishing the facility for the manufacture of product/byproducts (Col. 2) at the site (Col. 3) mentioned below. Any change in the product/byproduct and its quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Sl. No.	Description	Quantity	Unit
Product Details			
1.	Hospital for medical treatment with beds	150	Numbers
2.	Construction Project of additional & alteration in the existing residential cum commercial building into hospital with Basement - 2 Nos + Ground Floor + Floors (I-XII Nos) having Built-up Area	25139.33	Square meter

2. This consent to establish is valid for establishing the facility with the below mentioned emission/noise sources along with the control measures and/or stack. Any change in the emission source/control measures/change in stack height has to be brought to the notice of the Board and fresh consent has to be obtained if necessary.

I Point source emission with stack :				
Stack No.	Point Emission Source	Air pollution Control measures	Stack height from Ground Level in m	Gaseous Discharge in Nm ³ /hr
1	DG SET 1000 KVA	Acoustic enclosures with stack	56	
2	DG SET 1000 KVA	Acoustic enclosures with stack	56	
II Fugitive/Noise emission :				
Sl. No.	Fugitive or Noise Emission sources	Type of emission	Control measures	
1.	DG SET 1000 KVA - 2 NOS	Noise	ACOUSTIC ENCLOSURES MEASURES	

3. **Special Additional Conditions:**

- The unit shall install the approved retrofit emission control device/equipment with at least 70% Particulate matter reduction efficiency on all DG sets with capacity of 125 KVA and above or otherwise the unit shall be shift to gas based generators within the time frame prescribed in the notification No. TNPCB/Lab/DD(L/02151/2019) dated 10.06.2020 issued by TNPCB.
- The unit shall obtain No Objection Certificate (NOC) from the Tamil Nadu Bio Diversity Board /National Bio Diversity Authority if the unit is using any Biological resources or knowledge associated thereto as per the provisions of Biological Diversity Act 2002.

4. **Additional Conditions:**



TAMILNADU POLLUTION CONTROL BOARD

- TAMILNADU POLLUTION CONTROL BOARD**
1. The HCF shall provide adequate stacks and acoustic enclosures to the DG sets, so that the emission let out from the DG sets shall satisfy the Ambient Air Quality/Criterion/AQL standards prescribed by the Board.
 2. The HCF shall develop green belt within the premises considering 25% of its total area as green belt area.
 3. The HCF shall provide solar panels made of RoHS standards materials for street lighting.
 4. The HCF shall provide solar panels made of RoHS standards materials for residential premises to the extent possible.
 5. In case of revision of consent fee by the Government, the unit shall remit the difference in consent fee amount within one month from the date of notification. Failing to remit the consent fee, this consent order will be withdrawn without any notice and further action will be initiated against the unit as per law.
- RAGHAVAN**
- Secretary to the Board & Executive Director
Tamil Nadu Pollution Control Board
No. 10, Anna Salai, Chennai - 600 002

RAGHAVAN
SARASAVANI

For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai.

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TAMILNADU POLLUTION CONTROL BOARD GENERAL CONDITIONS

1. This consent to establish cannot be construed as consent to operate and the unit shall not commence the operation without obtaining the Consent to operate.
2. The applicant shall make a request for grant of consent to operate at least thirty days before the commissioning of trial production.
3. Any Change in the details furnished in the conditions has to be brought to the notice of the Board and got approved by the Board, before obtaining consent to operate under the said Act.
4. The unit has to comply with the provisions of Public Liability Insurance Act, 1991 to provide immediate relief in the event of any hazard to human beings, other living creatures/plants and properties while handling and storage of hazardous substances (wherever applicable).
5. Consent to operate will not be issued unless the unit complies with the conditions of consent to establish.
6. The unit shall provide adequate water sprinklers for the control of dust emission during the loading and unloading of construction material so as to minimize the dust emission.
7. The unit shall provide water sprinklers along the temporary roads inside the premises to avoid fugitive dust emission during the vehicle movements.
8. The unit shall develop green belt of adequate width around the premises.
9. In case there is any change in the management, the unit shall inform the change with relevant documents immediately.

**RAGHAVAN
SARASAVANI**

For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

For the purpose of the Tamil Nadu Pollution Control Act, 1988, the following persons shall be deemed to be the persons who are in charge of the management of the unit and shall be responsible for the compliance of the conditions of consent to establish and consent to operate.

Category of the Industry :

RED



CONSENT ORDER NO. 2201141989817 DATED: 25/10/2022.

PROCEEDINGS NO.11/TNPCB/F.3551MMN/RL/MMN/W/2022 DATED: 25/10/2022

SUB: TNPC Board-Consent for Establishment-M/S SRI KAUVARY MEDICAL CARE INDIA LIMITED S.F No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, KOVILAMBAKKAM Village, Tambaram Taluk, Chengalpattu District - for the establishment or take steps to establish the industry under Section 25 of the Water (Prevention and control of Pollution) Act, 1974, as amended in 1988 (Central Act 6 of 1974)- Issued- Reg.

REF: 1. Unit's application dated 16.12.2021
2. IR.No : F.3551MMN/RL/AE/MMN/2022 dated 12/10/2022
3. Minutes of 205th TSC meeting held on 13.10.2022 vide agenda item no. 205-6

Consent to establish or take steps to establish is hereby granted under Section 25 of the Water (Prevention and control of Pollution) Act, 1974, as amended in 1988 (Central Act 6 of 1974) (hereinafter referred to as 'The Act') and the Rules and Orders made there under to

Executive Director (Purchases & Projects),

SRI KAUVARY MEDICAL CARE INDIA LIMITED

Authorizing occupier to establish or take steps to establish the industry in the site mentioned below:

S.F. No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C,

KOVILAMBAKKAM Village,

Tambaram Taluk,

Chengalpattu District.

This Consent to establish is valid upto **August 22, 2028**, or till the industry obtains consent to operate under Section 25 of the Water (Prevention and control of Pollution) Act, 1974, as amended in 1988 whichever is earlier subject to special and general conditions enclosed.

For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai.

To

Executive Director (Purchases & Projects),

M/s.SRI KAUVARY MEDICAL CARE INDIA LIMITED,

No 199, Luz Church Road, Mylapore, Chennai,

Pin: 600004

Copy to:

1. The Commissioner, TAMBARAM-Municipality, Tambaram Taluk, Chengalpattu District.
2. The District Environmental Engineer, Tamil Nadu Pollution Control Board, MARAIMALAI NAGAR.
3. The JCEE-Monitoring, Tamil Nadu Pollution Control Board, Chennai.
4. File

SPECIAL CONDITIONS

1. This consent to establish is valid for establishing the facility for the manufacture of products/byproducts (Col. 2) at the rate (Col 3) mentioned below. Any change in the product/byproduct and its quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Sl No.	Description	Quantity	Unit
Product Details			
1.	Hospital for medical treatment with beds	150	Numbers
2.	Construction Project of additional & alteration in the existing residential cum commercial building into hospital with Basement - 2 Nos + Ground Floor + Floors (I-XII Nos) having Built-up Area	25139.33	Square meter

2. The unit shall provide Sewage Treatment Plant and /or Effluent Treatment Plant as indicated below.

a	Sewage Treatment Plant:		
Treatment status: Individual STP			
SL. No.	Name of the Treatment Unit	No. of Units	Dimensions in metres
1.	BAR SCREEN CHAMBER	1	1.0 X 0.7 X 1.0
2.	EQUALIZATION TANK	1	4.8 X 5.0 X 3.0
3.	AERATION TANK	1	2.8 X 5.0 X 3.7
4.	SETTLING TANK	1	3.0 X 3.0 X 2.5
5.	CLARIFIED WATER TANK	1	2.0 X 5.0 X 4.0
6.	SLUDGE HOLDING TANK	1	3.0 X 1.75 X 4.0
7.	PRESSURE SAND FILTER	1	1.0 DIA X 2.5 HOS
8.	ACTIVATED CARBON FILTER	1	1.0 DIA X 2.5 HOS
9.	UF FEED TANK	1	3.0 X 5.0 X 3.7
10.	UF SYSTEM	1	5.0 CUB. MTR/ HOUR
11.	UF TREATED WATER TANK	1	2.0 X 5.0 X 3.7
12.	FILTER PRESS	1	0.47 X 0.47
13.	UV DISINFECTION SYSTEM	1	78 WATTS
b	Effluent Treatment Plant:		
Treatment status: Individual ETP			

SL. No.	Name of the Treatment Unit	No. of Units	Dimensions in metres
1.	BAR SCREEN CHAMBER	1	0.6 X 0.6 X 1.0
2.	EQUALIZATION TANK	1	2.0 X 2.0 X 3.0
3.	FLASH MIXER	1	0.6 X 0.6 X 1.0
4.	FLOCCULATOR	1	0.6 X 0.6 X 1.0
5.	PRIMARY SETTLING TANK	1	1.5 X 2.0 X 2.0
6.	SLUDGE HOLDING TANK	1	1.2 X 2.0 X 3.0
7.	AERATION TANK	1	1.8 X 2.0 X 3.0
8.	SECONDARY SETTLING TANK	1	1.5 X 2.0 X 2.0
9.	CLARIFIED WATER TANK	1	1.5 X 2.0 X 3.0
10.	PRESSURE SAND FILTER	1	0.8 DIA X 1.2 HOS
11.	ACTIVATED CARBON FILTER	1	0.8 DIA X 1.2 HOS
12.	TREATED WATER TANK	1	1.5 X 2.0 X 3.0
13.	HYPO DOSING SYSTEM	1	5.0 LPH
14.	FILTER PRESS UNIT	1	0.4 X 0.4 (11PLATES)

3. This consent to establish is valid for establishing the facility with the below mentioned outlets for the discharge of sewage/trade effluent. Any change in the outlets and the quantity has to be brought to the notice of the Board and fresh consent has to be obtained.

Outlet No.	Description of Outlet	Maximum daily discharge in KLD	Point of disposal
Effluent Type : Sewage			
1.	SEWAGE 1	45.0	Utilizing for Toilet flushing
2.	SEWAGE 2	3.0	On land for gardening
3.	SEWAGE 3	55.0	AVENUE PLANTATION
Effluent Type : Trade Effluent			
1.	TRADE EFFLUENT	4.5	Public Sewer

4. **Special Additional Conditions:**
The unit shall obtain No Objection Certificate (NOC) from the Tamil Nadu Bio Diversity Board /National Bio Diversity Authority if the unit is using any Biological resources or knowledge associated thereto as per the provisions of Biological Diversity Act 2002.
5. **Additional Conditions:**

1. The HCF shall comply with the conditions stipulated in the environmental clearance issued vide letter no. SEIAA -TN/F.No.7493/EC/8(a)/783/2021 dated 23.08.2021 and letter no. SEIAA-TN/F.7493/EC/ 8(a)/783/Amend/2021 dated 11.07.2022.
2. The HCF shall provide Sewage Treatment Plant of 120 KLD above ground level to treat the sewage and to achieve the standards prescribed by the Board as proposed.
3. The HCF shall ensure that the treated sewage of 45 KLD is utilized for Toilet flushing, 3 KLD on land for gardening within the premises, 55 KLD for avenue plantation as proposed after satisfying the standards prescribed by the Board.
4. The HCF shall provide Effluent Treatment Plant of 10 KLD for treating the trade effluent generated in the unit premises as proposed.
5. The HCF shall ensure that the treated Trade Effluent of 4.5 KLD is disposed through public sewer as proposed after satisfying the standards prescribed by the Board.
6. The HCF shall provide UV disinfection system for the STP for disinfecting the treated sewage before utilisation for toilet flushing and gardening as proposed.
7. The HCF shall provide the EMFMs with automatic recorder and display arrangement at the inlet and outlet of STP and at all the disposal points of the treated sewage for toilet flushing, on land for gardening within the unit premises.
8. The HCF shall provide the EMFMs with automatic recorder and display arrangement at the inlet/outlet of ETP and at the disposal points of the treated trade effluent for gardening.
9. The HCF shall provide a separate Energy Meter for STP and to record the daily usage of power to ensure 24 x 7 functioning of STP.
10. The HCF shall carry out cleaning operations in the STP and ETP tanks only by mechanical system.
11. The HCF shall utilize the sludge generated from the STP as manure for gardening.
12. The HCF shall provide Bio gas / Bio methanation plant for the disposal of Bio degradable municipal solid waste.
13. The bio degradable solid waste, non bio degradable solid waste, STP sludge, etc generated from the project activity shall be properly collected, segregated and disposed as per the provision of the Solid Waste Management Rules, 2016.
14. The plastic wastes shall be segregated and disposed as per the provisions of Plastic Waste (Management and Handling) Rules, 2011.
15. The HCF shall comply with all the provisions of Biomedical Waste Management Rules 2016 as amended.
16. The unit shall apply and obtain authorization under the Biomedical Waste Management Rules 2016 as amended along with the consent to operate application.
17. The HCF shall provide provisions for pre-treating the laboratory waste, microbiological waste, blood samples and blood bags through disinfection or sterilisation on-site in the manner as prescribed by the World Health Organisation (WHO) or National AIDs Control Organisation (NACO) guidelines and then sent to the common bio-medical waste treatment facility for final disposal.
18. The HCF shall apply and obtain authorization under the Hazardous and Other Waste (Management and Transboundary) Rules 2016 as amended along an agreement made with the TNPCB authorized recyclers/TSDF for the disposal of Hazardous waste.
19. The HCF shall furnish the building completion certificate issued by the competent authority while applying for CTO.
20. The HCF shall not draw ground water under any circumstances at any point of time as reported without prior approval of competent authority.
21. The HCF shall provide Electro Magnetic Flow Meter with computer recording and display arrangements at the raw water receipt and shall maintain logbook for the same.
22. The HCF shall ensure that roof rain water run-off collected from the covered roof of the buildings etc., shall be scientifically harvested so as to ensure maximum beneficiation of Rain Water Harvesting.
23. The HCF shall comply with the E-Waste Management Rules, 2016, E-Waste as listed in the Schedule I, generated by them shall be channelized through Collection centre or Dealer of Authorized producer or Dismantler or Recycler or through the designated take back service provider of the producer to authorized dismantler or recycler. The unit shall maintain records of E-Waste generated by them in Form-2 and make such records available for scrutiny by the TNPCB. The unit shall file Annual Returns in Form-3, to the TNPCB on or before the 30th day of June following the financial Year.
24. In case of revision of consent fee by the Government, the unit shall remit the difference in consent fee amount within one month from the date of notification. Failing to remit the consent fee, this consent order will be withdrawn without any notice and further action will be initiated against the unit as per law.

For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai

GENERAL CONDITIONS

1. This consent to establish cannot be construed as consent to operate and the unit shall not commence the operation without obtaining the Consent to operate.
2. The applicant shall make a request for grant of consent to operate at least thirty days, before the commissioning of trial production.
3. Any Change in the details furnished in the conditions has to be brought to the notice of the Board and got approved by the Board, before obtaining consent to operate under the said Act.
4. The unit has to comply with the provisions of Public Liability Insurance Act, 1991 to provide immediate relief in the event of any hazard to human beings, other living creatures plants and properties while handling and storage of hazardous substances (wherever applicable).
5. Consent to operate will not be issued unless the unit complies with the conditions of consent to establish.
6. The unit shall provide adequate water sprinklers for the control of dust emission during the loading and unloading of construction material so as to minimize the dust emission.
7. The unit shall provide water sprinklers along the temporary roads inside the premises to avoid fugitive dust emission during the vehicle movements.
8. The unit shall develop green belt of adequate width around the premises.
9. In case there is any change in the management, the unit shall inform the change with relevant documents immediately.

**For Member Secretary,
Tamil Nadu Pollution Control Board,
Chennai**

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பெருநர்

கோட்டப்பொறியாளர் (நெ),
கட்டுமானம் மற்றும் பராமரிப்பு,
சென்னை மாநகரச்சாலைகள் கோட்டம்
எண்.394/4, அண்ணா சாலை,
சைதாப்பேட்டை, சென்னை-600 015.

திருவாளர்கள் விற்கோ ரியல்டர்ஸ்,
பிளாஸா இஸ்லம்,
எண்.5, திருமூர்த்தி தெரு,
திருகர், சென்னை - 17

கடித எண்.205/2016/இவ.அ-3/நாள்:18.07.2016.

அப்பா,

பொருள் : நெடுஞ்சாலைத்துறை - சென்னை மாநகரச்சாலைகள் கோட்டம் -
தாம்பரம் உட்கோட்டம் - MMRD சாலை பல்லாவரம் - துரைப்பாக்கம்
சாலை) கோவிலம்பாக்கம் கிராமம், சோழிங்கநல்லூர் தாலுக்கா
புலஎண்.18/281A, 2B2, 22/1A1A, 22/2A, 22/2B, 22/2C, 12 மாடி +
2துரைத்தாம்ப கட்டிடம் கட்ட திட்ட அனுமதி - சிறுபாலம் கட்ட
தண்டையில்லா சான்று-தொடர்பாக

பார்வை

1. உறுப்பினர் செயலர், சென்னை பெருநகர் வளர்ச்சி குழுமம்,
சென்னை-8 கடித எண், C3(S)/5032/2014, நாள்:22.01.2015
2. திருவாளர்கள் விற்கோ ரியல்டர்ஸ், திருகர், சென்னை - 17
அவர்களின் க.எண்.VRPL/HWD/0121-01/நாள்:21.01.2016
3. உதவிக் கோட்டப்பொறியாளர் (நெ), க(ம)ப, தாம்பரம்
உட்கோட்டம், க.எண்.92/2016/ இவ.அ/ நாள்:22.06.2016

பார்வை 1ல் உள்ள உறுப்பினர் செயலர், சென்னை பெருநகர் வளர்ச்சி குழுமம்
அவர்களின் கடிதப்படி திருவாளர்கள் விற்கோ ரியல்டர்ஸ் அவர்களது கோவிலம்பாக்கம்
கிராமம், சோழிங்கநல்லூர் தாலுக்கா புலஎண்.18/281A, 2B2, 22/1A1A, 22/2A, 22/2B,
22/2C ல் கட்டிடம் கட்ட அனுமதி பெறப்பட்டுள்ளது. பார்வை-2ல் காணும் தங்களது
கடிதத்தில் அணுகு சாலை அமைத்து சிறுபாலம் கட்டிக் கொள்ள அனுமதி கோரப்பட்டது.

மேற்படி இடத்தில் உதவிக் கோட்டப்பொறியாளர் (நெ), க(ம)ப, தாம்பரம் அவர்கள்
தள ஆய்வு மேற்கொண்டு பார்வை 3ல் கண்ட கடிதத்தில் கிரகண்டலாறு அறிக்கை
சமர்ப்பித்துள்ளதை தொடர்ந்து அதற்கான விவரங்கள் பின்வருமாறு
தெரிவிக்கப்படுகின்றது.

மனுதாரர் சிறுபாலம் கட்ட அனுமதி கோரும் இடமானது இத்துறையை சார்ந்த
பல்லாவரம் - துரைப்பாக்கம் சாலையில், கி.மீ.5/2 வலதுபுறம் அமைந்துள்ளது.

இச்சாலை மையத்தடுப்பின் கூடிய இருப்புற இருவழிச்சாலையாக, மொத்த அகலம் 60 மீ. கொண்டதாகும். மேற்கண்ட புலஎண்.18/281A, 2B2, 22/1A1A, 22/2A, 22/2B, 22/2C நெடுஞ்சாலையின் மையத்தில் இருந்து 29.50 மீ. அகலத்திற்கு அப்பால் உள்ளது. இதற்கு அப்பால் உள்ள புலஎண்களுக்கு செல்வதற்கு அனுகூலமும்/அனுகூலசாலை தேவைப்படுகிறது.

இச்சாலை அருகாமையில் உள்ள பல்லாவரம், கிழ்கட்டளை மற்றும் நாராயணபுரம் ஏரியிலிருந்து உபரிநீர் பள்ளிக்கரணை சதுப்பு நிலத்தை சென்றடைய, பொதுப்பணித்துறை, பெரிய மழைநீர் கால்வாய் அமைக்க உள்ளதாகவும் இதற்காக, சாலைப்புற நெடுஞ்சாலைத்துறை இடத்தை உபயோகித்துக் கொள்ள நெடுஞ்சாலைத்துறையின் அனுமதி மற்றும் அரசின் ஒப்புதலை பெற கருத்துருக்கள் தயாரிக்கப்படுவதாக தெரியவருகிறது.

இந்நிலையில், மனுதாரர் மேற்கண்ட இடத்தில் பாலம் அமைத்துக்கொள்ள அனுமதி கோரியுள்ளார். மனுதாரரின் இடத்திற்கு செல்ல, சாலையிலிருந்து அனுகூலமும் அமைப்பது அவசியமானது என்பதாலும், உபரிநீர் வடிகால் அமைப்பின் இறுதி வடிவமைப்பு இதனாகும் பொதுப்பணித்துறையினரால் உறுதி செய்யப்படாமல் உள்ளதாலும், மேற்கண்ட இடத்தில், சாலையின் விளிம்பில் மனுதாரர் தனது சொந்த செலவில் தற்காலிகமான 3 மீட்டர் அகலத்திற்கு, 3மீட்டர் உயரத்திற்கு, இந்திய சாலை குழுவும் அங்கீகாரம் கொடுக்கப்பட்டுள்ள Box Culvertஐ சென்னை பெருநகர் மளர்ச்சி குழுவும் பார்வை-1ல் அனுமதி அளித்துள்ள வரைபடத்தில் உள்ளபடி நுழைவாயிலும் வெளியே செல்லும் வழியில் அமைக்க தற்காலிகமான அனுமதி, கீழ்க்கண்ட நிபந்தனைகளுடன் வழங்கப்படுகிறது.

மேற்கண்ட இடத்தில் மனுதாரர் தனது சொந்த செலவில் தற்காலிகமான அனுகூலமும் அமைக்க கீழ்க்கண்ட நிபந்தனைகளுடன் புரிந்துணர்வு ஒப்பந்தம் ரூ.20/- மதிப்புள்ள முத்திரைத் தாளில் உதவிக் கேட்டப் பெறியாளர் (நெடு, க(ம)ப, தாம்பரம் உட்கோட்டம் அவர்களிடம் ஒப்பந்தம் மேற்கொண்டு அதன் நகலை இவ்வலுவலகத்திற்கு அனுப்பிவைக்குமாறு கேட்டுக்கொள்ளப்படுகிறார்.

நிபந்தனைகள்:-

- 1) நீர்வழிப்பாதை குறைந்தபட்சம் 3-மீட்டர் அகலம், 3-மீட்டர் உயரத்துடன் உள்ளவாறு எவ்வித தங்குதடையுமின்றி நீர் செல்லும் வண்ணம் சீராகவந்ததை விண்ணப்பதாரர் தனது சொந்த செலவில் அமைத்திடல் வேண்டும்.

- 2) சிறுபாலம் அமைந்துள்ளப் பகுதியில் தண்ணீர் தங்குதடையின்றி செல்லும் வகையில் எக்காலத்திலும் விண்ணப்பதாரர் தளது சொந்த செலவில் பராமரிக்க வேண்டும்.
- 3) அணுகுபாலத்தின் அமைப்பு சாலை மட்டத்திற்கு மிகாமல் இருந்தல் வேண்டும்.
- 4) அணுகுபாலத்தின் வடிவமைப்பு மற்றும் பாதுகாப்பிற்கு விண்ணப்பதாரரே முழு பொறுப்பாகும்.
- 5) இந்த அனுமதி தற்காலிக அனுமதியே ஆகும். சாலை விரிவாக்கத்திற்கு தேவை ஏற்படின் அல்லது பொதுப்பணித்துறை கால்வாய் அமைக்க தேவை ஏற்படின், இப்பாலம் உடனடியாக விண்ணப்பதாரரின் சொந்த செலவில் அகற்றப்பட வேண்டும். முழுவதும் அரசு நிலத்தில் அமைக்கப்பட உள்ள இப்பாலத்திற்கு விண்ணப்பதாரர் எக்காலத்திலும் சொந்தம் கொண்டாடக் கூடாது.
- 6) தேவை ஏற்படின், நிர்வாகம் மற்றும் தொழில்நுட்பக் காரணங்களுக்காகவும், பொதுமக்களின் நலன் கருதி இப்பாலம் நெடுஞ்சாலைத்துறையினரால் எவ்வித முன்னெச்செறிக்கவும் வழங்காமல் அகற்றப்படும். எவ்வித இழப்பீட்டுத் தொகையும் வழங்கப்படமாட்டாது.
- 7) மேற்கண்ட நிபந்தனைகளை ஒப்புக்கொண்டு, நெடுஞ்சாலைத்துறையுடன் புரிந்துணர்வு ஒப்பந்தம் ஏற்படுத்திக்கொண்டு, நெடுஞ்சாலைத்துறை கன அலுவலர்களுக்கு பாலம் கட்டுமானத்திற்கு அனுமதி பெற்றுக்கொண்டு சிறுபால கட்டுமானத்தை மேற்கொள்ள தற்காலிக அனுமதி இதன் மூலம் வழங்கப்படுகின்றது.

ஒம்/-,

கோட்டப்பொறியாளர் (நெ), க(ம)ப
சென்னை மாநகரச்சாலைகள் கோட்டம்
சென்னை - 600 015.

நகல் : உதவிக் கோட்டப்பொறியாளர் (நெ), க(ம)ப, தாம்பரம் உட்கோட்டம், சென்னை-42
தாம்பரம் அலுவலகங்கு உரிய நடவடிக்கை அனுப்பிவைக்கப்படுகிறது. மேலும்,
மனுதாரரிடம் ரூ.20/- மதிப்பில் முத்திரை தாளில் மேற்கண்ட நிபந்தனைகளை
கடைபிடித்து புரிந்துணர்வு ஒப்பந்தம் மேற்கொள்ளுமாறும்
கேட்டுக்கொள்ளப்படுகிறது.

// உண்மைநகல் //

முதுநிலை வகைதொழில் அலுவலர்

18/7/16.

POLICE DEPARTMENT

From

Dr.N.KANNAN, IPS.,
Addl. Commissioner of Police (Traffic),
Greater Chennai Police,
Vepery, Chennai - 600 007.

To

The Member Secretary,
Chennai Metropolitan
Development Authority,
Egmore, Chennai - 600 008.

Re. No. Tr./License/554/9812/2020

Dated: 10.2020.

Sir,

Subj: Greater Chennai Traffic Police - CMDA - Area Plans
Unit - W&B (South) Division - Planning Permission
for the proposed construction of Hospital building of
Kovilambakkam Village, applied by M/s. Virgo
Realtors Pvt.Ltd., NOC - Requested - Sent - Reg.

Ref: Letter No.C3(S)/204/2020, dated: 27.05.2020 of the
Member Secretary, CMDA, Chennai-8

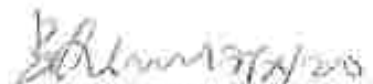
Please refer to the reference cited.

2.In this connection, it is stated that the NOC is **"Recommended"**
from traffic point of view for issuing Planning Permission for the proposed
change of usage from Commercial cum Residential in to Hospital activity to
the earlier approved plan and additional construction of Ramp with alteration
of existing building consisting of Double basement floor + Ground floor + 12
floors at 200 feet MMRD Road, Kovilambakkam, Chennai bearing
S.No.18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B, 22/2C of Kovilambakkam
Village, applied by M/s. Virgo Realtors Pvt.Ltd., Old No.3, New No.5, Plaza
House, Thirumurthy Street, T.Nagar, Chennai -17 **subject to the following
conditions:-**

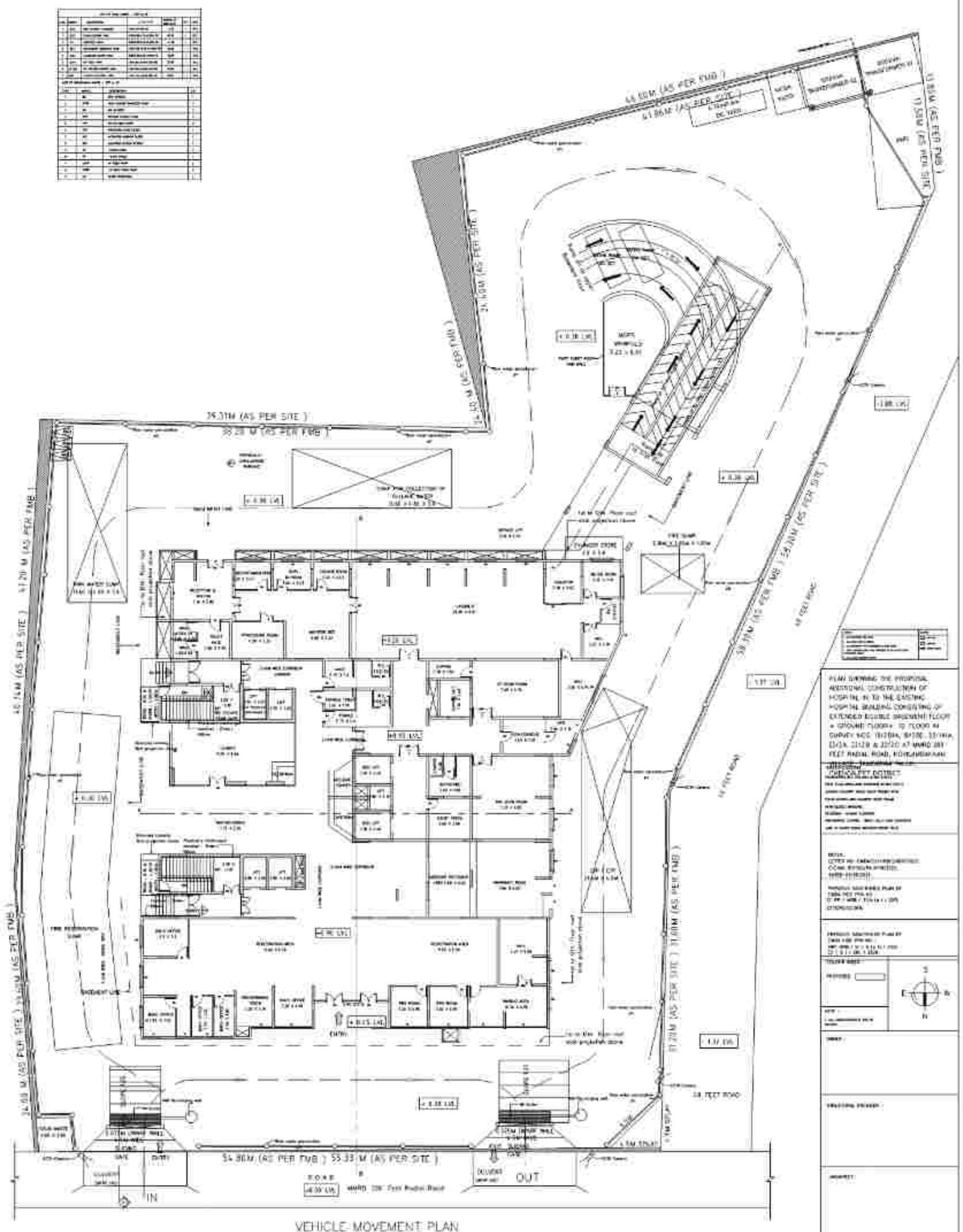
- i) The parking space provided by the applicant should be maintained properly.
- ii) On the completion of the construction, the management should deploy sufficient manpower to manage the movement of vehicles at the entry and exit gates.
- iii) The Drive Way provided by the applicant should be maintained properly.
- iv) The applicant has to ensure that the parking plan inside the campus is strictly followed. The marking for vehicular parking should be clearly maintained for easy and free movement of vehicles.

Yours faithfully,

8/2


Addl. Commissioner of Police,
Traffic, Chennai-7.

Annexure-20a



CSR& CER DETAILS

CORPORATE SOCIAL RESPONSIBLE WORKS (CSR): INFRASTRUCTURAL

S.NO	DATE	DESCRIPTION OF WORK	LOCATION	AMOUNT
1	11-08-2023	Split AC supply 08nos for ventilation	Kilambakkam central bus stand	305602.56
2	16-08-2023	Split AC supply 2nos for ventilation	Kilambakkam central bus stand	87600.64
3	14-02-2024	Split AC installation 10nos for ventilation	Kilambakkam central bus stand	72564.1
4	13-02-2024	Supply & installation of stabilizer for AC units	Kilambakkam central bus stand	25488
5	20-08-2023	Mother feeding room 1nos	Kilambakkam central bus stand	382320
6	04-09-2023	Mother feeding room 1nos	Kilambakkam central bus stand	382320
7	06-04-2024	Construction of police booth with all facilities.	Kovilambakkam koot road	460000
TOTAL AMOUNT				1715895.3

MAN POWER SUPPLYING LIST FOR KILAMBAKKAM CENTRAL BUS STAND:

Category	January		February		March		April		May		June	July		August		Remarks	
	Cou nt	Amou nt	Coun t	Amou nt	Coun t	Amou nt	Coun t	Amount	Cou nt	Amou nt	Cou nt	Amoun t	Cou nt	Amoun t	Cou nt		Amoun t
Housekeeping	6	93,223	4	62,406	4	68,649	4	62406	4	64968	3	54211	4	55550	4	56540	Contract
Security	8	1,02,411	8	1,54,415	6	1,76,292	8	149400	8	149400	8	149400	10	173497	9	169883	Contract
Pharmacy	3	88676	3	88676	3	88676	3	88676	2	57057	3	83605	3	83605	3	83605	
Doctors	2	140000	2	140000	2	140000	2	140000	2	140000	2	140000	2	140000	2	140000	
ETCT	2	66106	2	66106	2	66106	3	93105	2	65077	3	92076	2	53998	2	53998	
Total	21	4,90,416	19	5,11,603	17	5,36,042	20	5,33,587	18	4,76,502	19	5,19,292	20	5,06,650	20	5,04,026	40,78,118

23rd October 2024

To Whomsoever It May Concern

The below mentioned resources are deputed in the Bus Stand located at Keelambakkam for providing patient care.

Category	Count	Cost in Rs.
Housekeeping	3	56540
Security	8	169883
Pharmacy	3	83606
Doctors	2	140000
ETCT	3	102578
Total	19	552607
Total (Jan 24 – Sep 24)		49,73,763

Herewith attached the proof of documents.

For Kauvery Hospital


Balaji R
 Manager - HR

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129

T: 044 6111 6111 | ☎: +91 94911 94977 | E: 044 4050 4050

E: care.krn@kauveryhospital.com W: www.kauveryhospital.com

BHARATH PREMIER INTELLIGENCE & SECURITY

4, Ponniyammankoil Street, Melakottaiyur, Chennai - 600 127.

Cell : 9941326688 / 9941626688 / 9941726688

INVOICE

TO

SRI KAUVERY MEDICAL CARE (INDIA) LTD.

2/473, Radial Road, Near Eachangadu Junction

Kovilambakkam, Chennai - 600129

BUYER GST NO.: 33AABCK8115E1ZY

Bill Date : 01-09-2024

Year : 2024

Month : AUGUST

Bill No : 524

Services provided from : 29.12.2023

Description	Designation of Staff	No. of Person	Rate	Amount
Security Service Charges for the period from 01.08.2024 to 31.08.2024.	Security Guard MALE (62 Duties)	2 No's	18,675.00	37,350.00
	OFF DUTIES (8 Duties)			4,820.00
Security Service Charges for the period from 01.08.2024 to 31.08.2024.	Security Guard FEMALE (186 Duties)	6 No's	18,675.00	1,12,050.00
	OFF DUTIES (26 Duties)			15,663.00
GSTIN : 33AAPFB6840G32E S.T. No. : AAPFB6840GSD001 PAN No. : AAPFB6840G P.F. No. : T8TAM1430744000 E.S.I. No. : 51001153630000999 RIG.NO. : 2100				
Please pay on or Before 1 st by A/c Payee Cheque				1,69,883.00
Rupees: One Lakh Sixty Nine Thousand Eight Hundred And Eighty Three Rupees Only.				
Checked by			TOTAL	1,69,883.00

Prepared by

For BHARATH PREMIER
INTELLIGENCE & SECURITY

E-mail: bpbharath@gmail.com

23/09/2024

BHARATH PREMIER INTELLIGENCE SECURITY & FACILITY

4, PonniammanKoil Street, Melakottaiyur, Chennai - 600 127

Cell : 9941326688 / 9941626688 / 9941726688

INVOICE

TO

SRI KAUVERY MEDICAL CARE (INDIA) LTD.

2/473, Radial Road, Near Eachangadu Junction

Kovilambakkam, Chennai - 600129

BUYER GST NO.: 33AABCK8115E1ZY

Bill Date : 01-09-2024

Year : 2024

Month : AUGUST

Bill No : 523

Services provided from : 29.12.2023

Description	Designation of Staff	No. of Person	Rate	Amount
Facility Service Charges for the period from 01.08.2024 to 31.08.2024.	HOUSE KEEPING (93 Duties)	3 No's	15,367.00	46,101.00
	OFF DUTIES (14 Duties)			6,940.00
House Keeping Martials Charges From 01.08.2024 to 31.08.2024.				3,500.00
GSTIN : 33AAPB6840G2ZE S.T. No. : AAPB6840GSD001 PAN No. : AAPB6840G P.F. No. : TBTAM1430744000 E.S.I. No. : 51001153630000999 REG.NO. : 2100				

Please pay on or Before 1st by A/c Payee Cheque

56,540.00

Rupees: Fifty Six Thousand Five Hundred And Forty Rupees Only

TOTAL

56,540.00

Checked by

Prepared by

For BHARATH PREMIER
INTELLIGENCE SECURITY &
FACILITY

E-mail: bpibharath@gmail.com

23/9/24

Y. S. S. S.

23/09/2024

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam,Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Navinraj	Designation : Pharmacist	PF No :
Father/Spouse Name : Sankar	Department : Pharmacy	
Employee Code : 127977	Bank Name : AXIS BANK	ESI No :
Date of Joining : 05/04/2024	Bank Account No : 50100722121602	PAN No :BTOPN7305M
Location : Chennai - Kovilambakkam	Mode of Payment : Bank Payment	UAN No :101752907458

MDays	Present	WD	HH	CO	EL	CL	SL	LOPD
31	28	3	0	0	0	0	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	13,680.00	13,680.00	PF	1,800.00
HRA	6,840.00	6,840.00	Professional Tax	288.35
Special Allow	2,280.00	2,280.00	Total Deduction	2,088.35
Total Gross	22,800.00	22,800.00		

Netpay(Rounded) Rs. 20792/- (Rupees Twenty Thousand Seven Hundred Ninety-Two only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	5	0	0	5		
Sick Leave	5	0	0	5	YTD Salary Earned	129445.17

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	63,987.10	PF	8,497.35
HRA	31,993.55	Professional Tax	1,041.65
Special Allow	10,664.52	Total Deduction	9,539.00
Total Gross	106,645.17		

This is System generated payslip and hence no signature required.

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam,Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Anandakumar	Designation : Pharmacist	PF No :
Father/Spouse Name : Tharmarajan	Department : Clinical Support	
Employee Code : 122832	Bank Name : HDFC Bank	ESI No :
Date of Joining : 11/07/2023	Bank Account No : 50100649568378	PAN No :
Location : Kovilambakkam	Mode of Payment : Bank Payment	UAN No :101172415248

MDays	Present	WO	HH	CO	EL	CL	SL	LOPD
31	25	5	0	0	0	1	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	13,963.80	13,963.80	PF	1,800.00
HRA	6,981.90	6,981.90	Professional Tax	208.33
Special Allow	2,127.30	2,127.30	Total Deduction	2,008.33
Education Allowance	200.00	200.00		
Total Gross	23,273.00	23,273.00		

Netpay(Rounded) Rs. 21265/- (Rupees Twenty-One Thousand Two Hundred Sixty-Five only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	6	0	1	7		
Sick Leave	8	0	0	9	YTD Salary Earned	139638.00
Earned Leave	5	0	0	5	Annual TDS	

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	69,819.00	PF	9,000.00
HRA	34,909.50	Professional Tax	1,041.67
Special Allow	10,636.50	Total Deduction	10,041.67
Education Allowance	1,000.00		
Total Gross	116,365.00		

This is System generated payslip and hence no signature required.

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam,Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Gnanasekar	Designation : Pharmacist	PF No :
Father/Spouse Name : Ellappan	Department : Pharmacy	
Employee Code : 122673	Bank Name : HDFC Bank	ESI No :
Date of Joining : 03/07/2023	Bank Account No : 50100641536439	PAN No : BRFPG3671Q
Location : Kovilambakkam	Mode of Payment : Bank Payment	UAN No : 101117175509

MDays	Present	WO	HH	CO	EL	CL	SL	LOPD
31	26	4	0	0	0	1	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	15,600.00	15,600.00	PF	1,800.00
HRA	7,800.00	7,800.00	Professional Tax	208.33
Special Allow	2,600.00	2,600.00	Total Deduction	2,008.33
Total Gross	26,000.00	26,000.00		

Netpay(Rounded) Rs. 23992/- (Rupees Twenty-Three Thousand Nine Hundred Ninety-Two only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	5	0	1	6		
Sick Leave	14	0	0	15	YTD Salary Earned	156000.00
Earned Leave	5	0	0	5	Annual TDS	

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	78,000.00	PF	9,000.00
HRA	39,000.00	Professional Tax	1,041.67
Special Allow	13,000.00	Total Deduction	10,041.67
Total Gross	130,000.00		

This is System generated payslip and hence no signature required.

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam.Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Lathif	Designation : Emergency Care Technician	PF No :
Father/Spouse Name : Mohammed	Department : Clinical Support	
Employee Code : 123824	Bank Name : HDFC Bank	ESI No :
Date of joining : 01/09/2023	Bank Account No : 50100667663036	PAN No :BAEPL6506K
Location : Chennai - Kovilambakkam	Mode of Payment : Bank Payment	UAN No :101391580835

MDays	Present	WO	HH	CO	EL	CL	SL	LOPD
31	31	0	0	0	0	0	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	20,092.80	20,092.80	PF	1,800.00
HRA	10,046.40	10,046.40	Professional Tax	208.35
Special Allow	3,148.80	3,148.80	Total Deduction	2,008.35
Education Allowance	200.00	200.00		
Other Incentive		3,500.00		
Total Gross	33,488.00	36,988.00		

Netpay(Rounded) Rs. 34980/- (Rupees Thirty-Four Thousand Nine Hundred Eighty only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	3	0	0	4		
Sick Leave	7	0	0	8	YTD Salary Earned	221462.00

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	100,464.00	PF	9,000.00
HRA	50,232.00	Professional Tax	1,041.65
Special Allow	15,744.00	Total Deduction	10,041.65
Education Allowance	1,000.00		
Other Incentive	17,034.00		
Total Gross	184,474.00		

This is System generated payslip and hence no signature required.

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam.Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Senthamizhselvan	Designation : Staff Nurse	PF No :
Father/Spouse Name : Sellamuthu	Department : Clinical Nursing	
Employee Code : 128725	Bank Name : HDFC Bank	ESI No :
Date of Joining : 17/05/2024	Bank Account No : 50100741329100	PAN No :GUPPS7842H
Location : Chennai - Kovilambakkam	Mode of Payment : Bank Payment	UAN No :101807686505

MDays	Present	WO	HH	CO	EL	CL	SL	LOPD
31	31	0	0	0	0	0	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	13,931.40	13,931.40	PF	1,800.00
HRA	6,965.70	6,965.70	Professional Tax	208.32
Special Allow	2,321.90	2,321.90	Total Deduction	2,008.32
Other Incentive		3,733.00		
Total Gross	23,219.00	26,952.00		

Netpay(Rounded) Rs. 24944/- (Rupees Twenty-Four Thousand Nine Hundred Forty-Four only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	2	0	0	3		
Sick Leave	2	0	0	3	YTD Salary Earned	113519.47

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	44,580.48	PF	5,790.08
HRA	22,290.24	Uniform	788.00
Special Allow	7,430.08	Professional Tax	677.49
Other Incentive	10,966.67	Total Deduction	7,255.57
Total Gross	85,267.47		

This is System generated payslip and hence no signature required.

Sri Kauvery Medical Care (India) Ltd

2/473,200 ft Radial Road, Ganapathi Nagar,Kovilambakkam,Chennai-600129, Kovilambakkam,

PAY SLIP FOR THE MONTH OF AUGUST 2024

Employee Name : Abdulaziz	Designation : Emergency Care Technician	PF No :
Father/Spouse Name : Jaffer Ali	Department : Clinical Support	
Employee Code : 127334	Bank Name : HDFC Bank	ESI No :
Date of Joining : 06/03/2024	Bank Account No : 50100506742368	PAN No :CUVPA8958C
Location : Chennai - Kovilambakkam	Mode of Payment : Bank Payment	UAN No :102010692323

MDays	Present	WO	HH	CO	EL	CL	SL	LOPD
31	29	0	0	0	0	2	0	0

Earnings

Deductions

Components	Fixed (INR)	Amount (INR)	Components	Amount (INR)
Basic + DA	13,931.40	13,931.40	PF	1,800.00
HRA	6,965.70	6,965.70	Hostel/Mess	2,000.00
Special Allow	2,321.90	2,321.90	Professional Tax	208.33
Other Incentive		3,267.00	Total Deduction	4,008.33
Total Gross	23,219.00	26,486.00		

Netpay(Rounded) Rs. 22478/- (Rupees Twenty-Two Thousand Four Hundred Seventy-Eight only)

LEAVE DETAILS

INCOME TAX COMPUTATION

Type of Leave	Opening Balance	Leave Earned	Leave Availed	Closing Balance	Particulars	Amount (INR)
Casual Leave	0	0	2	1		
Sick Leave	4	0	0	5	YTD Salary Earned	160381.33

YTD Earnings	Amount (INR)	YTD Deducted	Amount (INR)
Basic + DA	69,657.00	PF	9,000.00
HRA	34,828.50	Hostel/Mess	10,000.00
Special Allow	11,609.50	Uniform	394.00
Other Incentive	17,567.33	Professional Tax	1,041.65
Total Gross	133,662.33	Total Deduction	20,435.65

This is System generated payroll and hence no signature required.

Date: 29th December 2023

Dr. Subramani.P
Chennai.

Greetings!

It is our pleasure to write this letter subsequent to our meeting. We warmly welcome you to join Kauvery Hospital and offer you formally the position of 'Duty Medical Officer' in our Outreach Medical Center at Kilambakkam Bus Stand. You will be reporting to the Head of the Department – Emergency Medicine, at Kauvery Hospital, Radial Road, Kovilambakkam, where you may be rotated to work in the hospital for training and skill enhancements. Your effective joining date will be 30th December, 2023.

Kauvery Hospital is a leading multi-speciality hospital offering best-in-class medical services for nearly two decades. With paramount focus on patient care, patient safety and patient satisfaction, we are committed to offer exemplary medical services going beyond the norm of healthcare. Keeping with our vision, as an institution, we believe in empathy, human care, medical expertise and being social conscious.

Over the past two decades, Kauvery Hospital has been delivering world-class medical care in adherence to global standards and benchmarks across all specialties and subspecialties of medicine and surgery.

This offer is being made to you on the following broad terms and conditions:

Compensation & Documents:

1. Your fixed annual compensation shall be INR 8,40,000/- (Eight lakhs and forty thousand only) per annum.
2. This offer will be followed by a regular appointment and shall be provided after subsequent to satisfactory completion of clause mentioned in point 3.
3. This offer letter is subject to the background verification / reference check to be undertaken by the company on the candidate. The company reserves the right to rescind the offer based on unprofessional actions by the candidate after accepting the offer and prior to joining.
4. You are requested to provide the following documents on your joining date.
 - § Educational testimonials from 10th std to latest.
 - § Experience certificate & proof of last drawn salary of previous employment.
 - § Blood group proof (Medical certificate or blood donation card).
 - § Six passport size photographs with white background.
 - § Address proof document (Aadhar card, ration card, voter ID, etc.)

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129
T: 044 6111 6111 | ☎: +91 94911 94977 | E: 044 4050 4050
E: care.kcr@kauveryhospital.com | W: www.kauveryhospital.com



- 5 Relieving letter from the previous employers.
- 5 Cancelled Cheque leaf.

We firmly believe that our journey together will definitely be inspiring, challenging, rewarding and satisfying.

Yours faithfully,
For Kauvery Hospital, Kovilambakkam



Dr. Anil B.G.
Medical Director

I have gone through and understood the above terms, conditions, and I hereby accept the same:

Name:

Signature:

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129
T: 044 6111 6111 | ☎: +91 94911 94977 | E: 044 4050 4050
E: care.krr@kauveryhospital.com W: www.kauveryhospital.com

Date: 29th December 2023

Dr. Arun.G
Chennai.

Greetings!

It is our pleasure to write this letter subsequent to our meeting. We warmly welcome you to join Kauvery Hospital and offer you formally the position of 'Duty Medical Officer' in our Outreach Medical Center at Kilambakkam Bus Stand. You will be reporting to the Head of the Department – Emergency Medicine, at Kauvery Hospital, Radial Road, Kovilambakkam, where you may be rotated to work in the hospital for training and skill enhancements. Your effective joining date will be 30th December, 2023.

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4. You are requested to provide the following documents on your joining date.
 - § Educational testimonials from 10th std to latest.
 - § Experience certificate & proof of last drawn salary of previous employment.
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 - § Six passport size photographs with white background.
 - § Address proof document (Aadhar card, ration card, voter ID, etc.)

Kauvery Hospital

No. 2/473, Radial Road, Near Echangadu Junction, Chennai - 600 129
T: 044 6111 6111 | ☎: +91 94911 94977 | F: 044 4050 4050
E: care_krr@kauveryhospital.com W: www.kauveryhospital.com



- § Relieving letter from the previous employers.
- § Cancelled Cheque leaf.

We firmly believe that our journey together will definitely be inspiring, challenging, rewarding and satisfying.

Yours faithfully,
For Kauvery Hospital, Kovilambakkam



Dr. Anil B.G.
Medical Director

I have gone through and understood the above terms, conditions, and I hereby accept the same.

Name:

Signature:

Kauvery Hospital

No. 2/473, Radial Road, Near Echangadu Junction, Chennai - 600 129
T: 044 6111 6111 | ☎ +91 94911 94977 | E: 044 4050 4050
E: care.krr@kauveryhospital.com W: www.kauveryhospital.com



GRACE MULTITRADING COMPANY

FT, Plot No 407, Vaishnavi Apartment, Poonga Street,
Poompahill Nager, Avedil,
Chennai Tamil Nadu 600062
India
GSTIN 33APNPG395512N
9841325980
gracemultitrading@gmail.com

TAX INVOICE

Invoice Date : 14/02/2024
Terms : Due on Receipt
Due Date : 14/02/2024

Place Of Supply : Tamil Nadu (33)

Bill To
M/S SRI KAUVERY MEDICAL CARE (INDIA) LIMITED
New No 52, Alexandria Road, Carthorment,
Trichy
620 001 Tamil Nadu
India
GSTIN 33A480K8115E12Y

Ship To
Survey numbers 18/281A, 18/282,
22/1A1A, 22/2A, 22/2B and 22/2C
abutting 200 Ft. MMRD Road,
Koyilambakkam
Chennai
600129 Tamil Nadu
India

#	Item & Description	HSN /SAC	Qty	Rate	CGST		SGST		Amount
					%	Amt	%	Amt	
1	Standard Installation with Stand	008328	10.00 box	1,949.50	9%	1,754.55	9%	1,754.55	19,495.00
2	Additional Copper Pipe, Drain PVC PIPE	008328	35.00 box	1,200.00	9%	3,780.00	9%	3,780.00	42,000.00

Total in Words
Indian Rupee Seventy-Two Thousand Five Hundred Sixty-Four and
Ten Paise Only

Sub Total 61,495.00
CGST9 (9%) 5,534.55
SGST9 (9%) 5,534.55
Total 72,564.10
Balance Due 72,564.10

Looking forward for your valuable business.

Account Name : GRACE MULTITRADING COMPANY
Bank Name : Tamilnad Mercantile Bank | Account Number :
290150050806508 | IFSC Code : TMRL0000280 | Account Type : Current |
Branch : CHENNAI

Account Name : GRACE MULTITRADING COMPANY
Bank Name : ICICI BANK | Bank Account Number : 218009001276 | IFSC
Code : ICIC0002190 | Account Type : Current | Account Branch :
KORATTUR

Authorized Signature

Terms & Conditions

- 1) Payment 100% advance & Taxes: GST rates as applicable
- 2) The above prices inclusive of delivery only with standard installation only
- 3) Goods once sold cannot be taken back or exchanged
- 4) Warranty - Manufacturer Standard Warranty
Warranty on all goods is as per manufacturers policy & all services relating to warranty shall be directly provided by the manufacturer - Service & Repair - contact respective service centers. (No warranty for wall bracket and accessories). In case of any damage during the transit, material found to be tampered while unpacking the material by technician (representative from manufacturer) will be borne by the manufacturer of the respective unit.

Installation charges for 10 nos of
Daikin AC units which was supplied on
August month for Kilarambakkam busstand.


15/02/2024



GRACE MULTITRADING COMPANY

F7, Plot No 407, Vaishnavi Apartment, Poonga Sreet,
Poompozhil Nagar, Alandi,
Chennai Tamil Nadu 600062
India
GSTIN 33APN8C3955J1ZN
9841525980
gracemultitrading@gmail.com

TAX INVOICE

Invoice Date : GMTG/134/23-24
Terms : 13/02/2024
Due Date : Due on Receipt
13/02/2024

Place Of Supply : Tamil Nadu (33)

Bill To
M/S SRI KAUVERY MEDICAL CARE (INDIA) LIMITED
New No 52, Alexandria Road, Cantonment
Trichy
620 001 Tamil Nadu
India
GSTIN 33AABCK811SE1ZY

Ship To
Survey numbers 18/2B1A, 18/2B2,
22/1A1A, 22/2A, 22/2B and 22/2C
abutting 200 Ft. MMRD Road,
Kovilambakkam
Chennai
600129 Tamil Nadu
India

#	Item & Description	HSN /SAC	Qty	Rate	CST % Amt	SGST % Amt	Amount
1	VICARD Stabilizer	9032891 0	10.00 box	2,160.00	9% 1,944.00	9% 1,944.00	21,600.00

Total in Words
Indian Rupee Twenty-Five Thousand Four Hundred Eighty-Eight Only

Looking forward for your valuable business.

Account Name : GRACE MULTITRADING COMPANY
Bank Name : Tamilnad Mercantile Bank | Account Number :
280150050800508 | IFSC Code : TMBL0000280 | Account Type : Current |
Branch : CHEKKADU

Account Name: GRACE MULTITRADING COMPANY
Bank Name: ICICI BANK | Bank Account Number: 219005001276 | IFSC
Code: ICIC0002190 | Account Type: Current | Account Branch:
KORATTUR

Terms & Conditions

- 1) Payment 100% advance & Taxes: CST rates as applicable
- 2) The above prices inclusive of delivery only with standard installation only
- 3) Goods once sold cannot be taken back or exchanged
- 4) Warranty - Manufacturer Standard Warranty
Warranty on all goods is as per manufacturers policy & all services
relating to warranty shall be directly provided by the manufacturer -
Service & Repair - contact respective service centers. (No warranty for
wall bracket and accessories). In case of any damage during the transit,
material found to be tampered while unpacking the material by
technician (representative from manufacturer) will be borne by the
manufacturer of the respective unit.

Authorized Signature

*Stabilizer charges for 10 AC units
of Kovilambakkam busstand.*

u.H.
15/02/2024

LT Enterprises

NO. 55/44 METTU STREET, VADAPALANI CHENNAI

Phone no : 9841534298

Email : kdeva.lnterprises@gmail.com

GSTIN : 33EHWPM0205C12N

State: 33-Tamil Nadu

Tax Invoice

Bill To

kauvery hospitals

Invoice No. : 70

Date : 04-09-2023

#	Item name	HSN/ SAC	Quantity	Price/ Unit	GST	Amount
1	Hpl partition (Supply & Installation of Cuboid HPL board (12mm thick) (Stylard) of size L 5' x W 4'9" x H 6'5" with fittings adjustable SS legs, SS top rail arrangement for better stability, strength and aesthetics, SS lock, hinges for cubicle room including labor and transport charges)		12	₹ 27,000.00	₹ 58,320.00 (18%)	₹ 3,82,320.00
Total			12		₹ 58,320.00	₹ 3,82,320.00

Invoice Amount In Words

Three Lakh Eighty Two Thousand Three Hundred Twenty Rupees only

Sub Total

₹ 3,24,000.00

IGST@18%

₹ 58,320.00

Total

₹ 3,82,320.00

Terms and Conditions

Thanks for doing business with us!

Received

₹ 0.00

Balance

₹ 3,82,320.00

For : LT Enterprises

V. Mahalingam

Authorized Signatory

For Kilambakkam Busstand

Feeding room cubical

11/11

(HARIHARAN)

to Nilgiris
for feeding room
at Kilambakkam

(J. Sasi Prakash)

11/11
11/11/23

LT Enterprises

NO 55/44 METTU STREET, VADAPALANI CHENNAI

Phone no. 9841534298

Email: ldeva.lterprises@gmail.com

GSTIN: 53EHWP0205C1Z1N

State: 35-Tamil Nadu

Invoice No.: 70

Date: 20-08-2023

Bill To

kauvery hospitals

Hpl partition

Supply & installation of Cuboid HPL board (12mm thick) (Sylam) of size 12'6" x W 4'5" x H 8'3" with fittings adjustable SS legs, SS top rail, arrangement for better stability, strength and aesthetics, SS lock, hinges for cubicle room including labor and transport charges

12 ₹ 27,000.00 ₹ 58,320.00 (18%) ₹ 3,82,320.00

Total

12 ₹ 58,320.00 ₹ 3,82,320.00

Invoice Amount in Words

Three Lakh Eight Thousand Three Hundred Twenty Rupees only

Terms and Conditions

Thank you for doing business with us!

Sub Total

₹ 3,24,000.00

IGST@18%

₹ 58,320.00

Received

₹ 0.00

Balance

₹ 3,82,320.00

For: LT Enterprises

Maheshwari

Authorized Signatory

Kilamyanikam
Buy, Store, Mother
feeding Room
critical



Grace Multitrading Company

"One Stop Solution"

F7, Plot No 407, Vaishnavi Apartment, Piuma Street, Poompoozhi Nagar, Avadi, Chennai - 600062

Mobile : 98415 25980, Email : gracemultitrading@gmail.com

GSTIN - 33APNPG395512N

TAX INVOICE

Buyer		Delivery Address		Invoice No : GMTC/083/23-24	
M/S Sri Kauvery Medical Care (India) Ltd. Survey numbers 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B and 22/2C abutting 200 Ft. MMRD Road, Kovilambakkam Village, Tambaram Taluk, Chengalpattu District GSTIN NO - 33AABCK8115E1ZY		M/S Sri Kauvery Medical Care No 2473, Radial Road Kovilambakkam Chennai - 600129 GSTIN NO:- 33AABCK8115E1ZY		Invoice Date : 11-Aug-2023	
				PO NO : 11000775	
				PO DATED: 02/08/23	
				Contact Person :	
S/ NO	DESCRIPTION	HSN	Qty	PER UNIT	TOTAL
1	MODEL: Daikin 1.5ton Non Inverter AC	8415	9	29844	238752
SUB TOTAL				238752	
CGST 14%				33425.28	
SGST 14%				33425.28	
GRAND TOTAL				305602.56	

Rupees : (In words)

Three Lakh Five Thousand Six Hundred Two Rupees and Fifty Six Paise Only

- 1) Payment 100% advance
- 2) The above prices inclusive of free delivery till Chennai.
- 3) Taxes: GST rates as applicable
- 4) Goods once sold cannot be taken back or exchanged
- 5) Warranty - Manufacturer Standard Warranty
Warranty on all goods is as per manufacturers policy & all services relating to warranty shall be directly provided by the manufacturer - Service & Repair - contact respective service centers.
- 6) In case of any damage during the transit, material found to be tampered while unpacking the material by technician.
(representative from manufacturer) will be borne by the manufacturer of the respective unit.
- 7) Bank Details :
Account Name : GRACE MULTITRADING COMPANY
Account Number : 280150050800508
IFSC Code : TMBL0000280
Bank Name : Tamilnad Mercantile Bank
Account Type : Current
Branch : CHEKKADU

For Grace Multitrading Company



Authorized Signatory

For Kovilambakkam Busstand CMBT

HARIHARAN S

***** Thanks for your Business *****



Grace Multitrading Company

"One Stop Solution"

F7, Plot No 407, Valshnavi Apartment, Poonja Street, Poonjehill Nagar, Avadi, Chennai - 600062

Mobile : 98415 25980, Email : gracemultitrading@gmail.com

GSTIN - 33APNP63953112N

TAX INVOICE

Buyer	Delivery Address	Invoice No : GMTC/085/23-24
M/S Sri Kauvery Medical Care (India) Ltd. Survey numbers 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B and 22/2C abutting 200 Ft. MMRD Road, Kovilambakkam Village, Tambaram Taluk, Chengalpattu District. GSTIN NO :- 33AABCK8115E1ZY	M/S Sri Kauvery Medical Care No.2473, Radial Road Kovilambakkam Chennai - 600128 GSTIN NO:- 33AABCK8115E1ZY	Invoice Date : 15-Aug-2023 PO NO : 11000775 PO DATED: 02/08/23 Contact Person :

Sl NO	DESCRIPTION	HSN	Qty	PER UNIT	TOTAL
1	MODEL: Daikin 1.5ton Non Inverter AC	84151010	2	34219	68438
SUB TOTAL					68438
CGST 14%					9581.32
SGST 14%					9581.32
GRAND TOTAL					87600.64

Rupees : (In words)

Eighty Seven Thousand Six Hundred Rupees and Sixty Four Paise Only

- 1) Payment 100% advance
- 2) The above prices inclusive of free delivery till channel.
- 3) Taxes: GST rates as applicable
- 4) Goods once sold cannot be taken back or exchanged
- 5) Warranty - Manufacturer Standard Warranty
Warranty on all goods is as per manufacturers policy & all services relating to warranty shall be directly provided by the manufacturer - Service & Repair - contact respective service centers.
- 6) In case of any damage during the transit, material found to be tampered while unpacking the material by technician (representative from manufacturer) will be borne by the manufacturer of the respective unit.
- 7) Bank Details :
Account Name : GRACE MULTITRADING COMPANY
Account Number : 280150050300508
IFSC Code : TMBL0000280
Bank Name : Tamilnad Mercantile Bank
Account Type : Current
Branch : CHEKKADU

Installation charges for AC - 8 Nos

162

For Grace Multitrading Company



***** Thanks for your Business *****

To,

07/11/2024

The President

Kovilambakkam Panchayat Union,

Kovilambakkam

Chengalpattu District,

Chennai - 129

Respected Sir/Madam,

Sub: Requesting for water commitment letter of confirmation to supply drinking water & accept to take surplus treated sewage effluent water from the Kauvery hospital, Kovilambakkam.

With reference to the above subject, we would like to inform you that we are submitting the application for environmental clearance for State Environmental Impact Assessment Authority, TamilNadu. In this regard, to provide fresh water supply for the hospital building with the occupancy of 150 Beds, we kindly request you to provide us 80KLD of fresh water domestic usage & accept our surplus treated water of 75KLD from our premises for the water fountain at the Echangadu junction.

Kindly accept our request and issue the water commitment letter at the earliest.

Yours sincerely,



For M/s. Sri Kauvery Medical Care (India) Limited.

குணலவர்
கோவிலம்பாக்கம் முந்ரத்திலை ஊராட்சி
செய்வகம்-600 129.

Sri Kauvery Medical Care (India)Limited

No 2/473, Radial Road, Kovilambakkam, Chennai - 600 129, Tamilnadu, India.

T - 044 6111 6111, E - 044 4050 4050, M +91 94911 94977

Email : care.kkm@kauveryhospital.com

RECEIPT



CMSSB

PERMISID 02

M E NO: 02

VEH TYPE: DRIVER LICENSE

V NO: IN20AL2754

IN-OUT: 09/01/24 15:13:40ms

AMT : 150.00

OPERATOR NAME:

OPERATOR

SENSE TELLING POINT

PERMISID

RECEIPT



CMSSB

PERMISID 02

M E NO: 02

VEH TYPE: DRIVER LICENSE

V NO: IN20AL2754

IN-OUT: 09/01/24 15:05:40ms

AMT : 150.00

OPERATOR NAME:

OPERATOR

SENSE TELLING POINT

PERMISID

RECEIPT



CMSSB

PERMISID 02

M E NO: 02

VEH TYPE: DRIVER LICENSE

V NO: IN20AL2754

IN-OUT: 09/01/24 15:12:30ms

AMT : 150.00

OPERATOR NAME:

OPERATOR

SENSE TELLING POINT

PERMISID

RECEIPT



1. NAME
PERUNGUDI

2. NO. OF
V. NO. 12345
M. C. NO. 12345
M. C. NO. 12345
M. C. NO. 12345

3. DATE OF ISSUE
12/05/2024

AMT - 150.00

4. LOCATION
PERUNGUDI

5. NAME OF THE
PERUNGUDI

RECEIPT



1. NAME
PERUNGUDI

2. NO. OF
V. NO. 12345
M. C. NO. 12345
M. C. NO. 12345
M. C. NO. 12345

3. DATE OF ISSUE
12/05/2024

AMT - 150.00

4. LOCATION
PERUNGUDI

5. NAME OF THE
PERUNGUDI

RECEIPT



1. NAME
PERUNGUDI

2. NO. OF
V. NO. 12345
M. C. NO. 12345
M. C. NO. 12345
M. C. NO. 12345

3. DATE OF ISSUE
12/05/2024

AMT - 150.00

4. LOCATION
PERUNGUDI

5. NAME OF THE
PERUNGUDI



தமிழ்நாடு தமில்நாடு TAMILNADU

29 SEP 2023

Sri Kauvery Medical Care
(India) Ltd
Ch-129.

CX 492678
K. SIVAKAMI SHREE
STAMP VENDOR
Licence No. 1347/B2/CH/S/2021-4
Saidapet, Chennai-600 015.
cell: 8056090171

1 copy to Finance

1 copy to the authority

Agreement - Operation & Maintenance for STP, UF & ETP

on 08/10/2023

This Agreement is made at Chennai and executed on 30th October 2023.

BETWEEN

(Hauvermans)

Sri Kauvery Medical Care (India) Limited, (CIN: U85110TN1997PLC039491), a Public Limited Company incorporated under the Companies Act, 1956 and having its Registered Office at New no.17A, Old no. 8A, Murray's Gate Road, Alwarpet, Chennai - 600018, Tamil Nadu, India operating one of its unit at Sri Kauvery Medical Care (India) Limited, 200 Feet Radial Road, Kovilambiakkam, Chennai - 600129, represented by its Authorized Signatory, (hereinafter referred to as "the Company") which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include its successors, representatives and permitted assigns) of the ONE PART

AND

Windsor Associates (PAN: AADFW0542Q) a partnership firm having its office at NO 10/83, Ganesh Avenue, 4th Street Sakthi Nagar, Porur, Chennai, Kancheepuram, Tamil Nadu, 600116 represented by its authorized signatory Mr P. Satya Raj Manager O&M, hereinafter called "Service Provider" which shall mean and include its successors or assigns) of the OTHER PART

[Signature]



Original copy
Received

M. A. S.
(Kauvermanam)
Site Engineer
8/10/2023

[Signature]

The Service Provider and Company are hereinafter referred to collectively as "the Parties" and individually as "a Party".

WHEREAS:

the Service Provider is engaged in the provision of maintaining STP Units and Manpower Supply.

The Company is a leading, multi-specialty hospital offering best-in-class medical services for more than 2 decades in adherence to global standards and benchmarks across all specialties and subspecialties of medicine and surgery. Currently,

Both parties enter into this agreement to record their mutual understanding and other terms and conditions;

NOW THIS AGREEMENT WITNESSETH AS BELOW:

1. TERM

This agreement shall be valid for a period of 12 months from 1st of November 2023 to 31st October 2024 and shall be renewed for further periods as may be mutually agreed upon in writing by both the parties.

2. OBLIGATIONS OF THE SERVICE PROVIDER

Details of Operation & Maintenance:-

Our Scope of Work Includes:-

- Operates and maintains wastewater treatment, sludge processing, and handling equipment. Tends pumps, conveyors, blowers, chlorinators, vacuum filters, and other equipment used to treat wastewater.
- Monitors control panels and adjust valves and gates manually or by remote control to regulate the flow of wastewater through settling, aeration, and sludge digestion processes.
- Taking over the plant from the previous shift operator
- Reads and interprets charts, flow meters, and other gauges to determine operating efficiency of equipment
- Reading and analyzing the previous shift logbook
- Physical checking of the tank levels, Equipment running status, Chemical tank levels of both ETP & STP Plant
- Equipment Changeover
- Process Chemical Adjustment
- Chemical Filling
- Checking of MLSS/SV 30 for each shift
- Sludge draining based on the MLSS/SV
- Centrifuge/Filter press operation with dosing and monitoring
- Monitoring operation through Scada/PLC/Manual
- For plant, and other site facilities, including laboratories, and maintenance (if applicable, working on shift system, to ensure that operations are covered on 24 hours basis, 365 days a year.
- Need to mention that the manpower supplied is 2+1
[Two operators and one reliever per day each person will work for 12 hours and during week off reliever will switch them]
- Operators has to be given adequate ppm kit with safety shoes for maintaining safety
- In scope of work we have a point that they will analyses the water sample on monthly basis please add a word that they have to submit the report as well.
- Site engineer visits twice a month for healthiness check and servicing of equipment's.



By and for signing
Mithun

- Chemical and Consumables

Our Scope of Work Excludes:-

- Water & Electricity.
- Common salt for softener regeneration.
- Tank Cleaning Works if required.
- Mechanical & Electrical Equipment's Service if required.
- Filter media replacement once in two years.
- Replacement of UF membrane if required.
- Replacement with new equipment's if required.

3. RIGHTS OF THE COMPANY

- The Company reserves its right to instruct the Service Provider to deploy such number of personnel required for its units from time to time.
- The Company reserves its right to appoint any other person to provide similar nature of services at its sole discretion.
- The Company reserves its right to deduct any amount towards any taxes as may be applicable from time to time.
- The Company reserves its right to deduct any amounts payable to the Service Provider for any deficiency in the performance of the services agreed herein agreed upon even after serving adequate notices seeking rectification of such deficiencies.
- 5% of the billing value will be deducted if the attrition rate for the month exceeds 15%. This will however be reasonably relaxed during weekends and festival seasons after proper discussions with the company officials.
- During work hours, employees must wear appropriate uniforms, shoes, IDs, and keep proper grooming; if they don't, 5% of their monthly bill will be deducted.

4. RELATIONSHIP BETWEEN PARTIES

Nothing in this Agreement is intended to or shall operate to create a partnership or relationship of principal and agent between the Service Provider and the Company at all or any time.

The Service Provider hereby warrants and represents that it is not related and/or otherwise associated with the Company and/or its Directors and/or its members. As on the execution date of this Agreement, it is not classified as a Related Party as defined under the Companies Act to the Company and/or any of its associates or subsidiaries. The Service Provider further confirms that, in case of any change to the above position, it shall immediately inform the same in writing within three days to the email ID: rajalakshmi.m@kauveryhospital.com.

5. SERVICE CHARGES PAYABLE BY THE COMPANY

- The COMPANY shall pay the Service Provider as per the rates agreed upon in Annexure A, within 3 working days after the date of receipt of the invoice by the COMPANY after the end of every month. The payments shall be made on the basis of the records submitted by the Service Provider on a monthly basis.

Payment by the COMPANY to the Service Provider for the services provided hereunder shall be a fundamental obligation under this Agreement.

It is understood that the Service Provider shall be liable to bear interest at 18% p.a. on all invoice which are outstanding for



*Original to D
Resubmitted
M. [Signature]*

- e) In the event of the COMPANY not making payment of any invoice within 30 days from the date of receipt of such invoice, the Service Provider shall have the right to terminate this Agreement and withdraw its housekeeping personnel without any further notice.
- f) The Company will scrutinize the supporting document prior to processing of the payments to the Service Provider.

6. TERMINATION

6.1 a) Company may terminate this Agreement by giving a prior written notice of 3 months in advance to the Service Provider.

b) Service provider may terminate this agreement by giving 3 months' notice to the Company.

6.2. Unless otherwise directed by Company, Service Provider must complete any outstanding Assignments prior to the expiration of the termination notice period referred to in this clause or such other period as is mutually agreed between the parties.

6.3. Notwithstanding anything contained in this agreement, termination of this agreement shall be without prejudice to the rights and obligations of the parties accrued prior to such termination including payments to be made to the Service Provider by the Company.

7. REPRESENTATIONS AND WARRANTIES

- a) The Service Provider has full capacity, power, and authority to enter into this agreement and during the continuance of this agreement, shall continue to have full capacity, power and authority to carry out and perform all its duties and obligations as contemplated herein and has already taken and shall and continue to take all necessary and further actions (including but without limiting to the obtaining of necessary approval/ consents in all applicable jurisdiction) to authorize the execution, delivery and performance of this agreement.
- b) The Service Provider also has complied with and obtained necessary permissions/ licenses/authorizations under the Central, State and local authorities and obtained all required permissions/ licenses for carrying out its obligations under this agreement.

8. INDEMNIFICATION BY THE SERVICE PROVIDER

- a) The Service Provider shall specifically keep the Company fully indemnified, harmless and defended against any and all liabilities (including statutory and third party liability), claims, proceedings, suits, actions, demands, damages, expenses (including fees and disbursements of counsel), judgments, settlements and penalties of every kind that may be suffered by either party on account of any action initiated by any third party, private agency or government authorities, howsoever arising, out of or in connection with the agreement attributable to the act of the Service Provider.
- b) Further the service provider may be made responsible for loss only when it is proved that Service Provider personnel are involved in the theft or pilferage by the Police investigation Report. The extent of loss to be compensated by Service Provider will be decided by mutual consent taking into consideration the insurance amount realized by the COMPANY.
- c) Notwithstanding anything else contained herein, Service Provider shall not be liable for any amount exceeding its invoice value for one month.

9. DISPUTE RESOLUTION

Any dispute arising out of the terms of this agreement shall be amicably resolved between the parties and in case of inability to resolve the same by mutual discussion within 60 days, the same shall be referred to Arbitration in accordance with the Arbitration and Conciliation Act, 1996 and the place of arbitration shall be in Chennai. The award of the Sole Arbitrator in Arbitration shall be reasoned and shall be binding on both the parties.



10. FORCE MAJEURE

Neither party shall in any circumstances whatsoever be liable to the other party for any delay or failure to fulfill its obligations under this Agreement (other than the payment of money already due at the time) where any such delay or failure is caused in whole or in part by any Act of Terrorism, Biological or Chemical Contamination, Nuclear Risks, or to the extent that any such delay or failure arises from any other cause beyond its control, including, without limitation, fire, floods, acts of God, acts or regulations of any governmental or supranational authority, war, riots.

11. NOTICE

Any notice or other communication provided for in this agreement shall be in writing and shall be transmitted by registered post acknowledgment due (deemed given when so delivered) or reputed international courier for next business day delivery (deemed delivered at the expiration of forty-eight (48) hours after it is sent or actual receipt, whichever is earlier) to the address mentioned in the description of the parties or by physical delivery, duly acknowledged by the recipient and to the e-mail ids mentioned below:

For Service Provider:

Name: Mr. P. Satyaraj
Designation: Manager - O & M
Contact Number: 8925805560
Mail ID: windsor.asso18@gmail.com

For the Company:

Name: Mr. R. Kaarthik
Designation: DGM - Operations
Contact Number: +91-7824852796
Mail ID: Kaarthik.r@kauveryhospital.com

Name: Mr. R. Ananthan
Designation: GM - Finance
Contact Number: 7823903192
Mail ID: ananthan.r@kauveryhospital.com

12. AMENDMENTS

Any changes or amendments to this Agreement shall be mutually agreed upon in writing.

IN WITNESS WHEREOF, the parties have caused their duly authorized officers to execute this Agreement and have set seals hereunder the day month and year first above written.

For Sri Kauvery Medical Care (India) Limited.		For Windsor Associates	
Signature:	Signature:	Signature:	
Name: Kaarthik R.	Name: Ananthan R.	Name: P. Satyaraj	
Designation: GM - Operations	Designation: GM - Finance	Designation: Manager - O & M	
Witness 1. Name:		Witness 1. Name: GIRSDHARAN K	
Signature:		Signature: K. Gobi	
Witness 2. Name:		Witness 2. Name:	
		Signature:	

Appendix A

Pricing for Operation & Maintenance Contract for Operators 24/7:

S.No.	Description	Amount(Rs.) /Month	Amount(Rs.) /Year
1.	The Price for Operation & Maintenance Work for STP, UF & ETP for the 1 st Year. 18% GST Extra	54,000.00	6,48,000.00

Plumett



Q. P.

Original Code Revised
 10-1-2019
 10-1-2019

**HOSPITAL SAFETY MANUAL
OF
KAUVERY HOSPITAL, RADIAL ROAD**



No: 2/473, Radial Road 200ft, Kovilambakkam

Chennai-600129 | Tamil Nadu

Document Name:	HOSPITAL SAFETY MANUAL
Document No:	KRR/HSM/01
No of Pages:	70
Date of Issue:	04/10/2023
Issue No:	01
Amendment No	00
Prepared By:	Designation : Safety officer Name : Mr. Saravanan Signature : 
Reviewed By	Designation : GM Operations Name : Mr. Kaarthik R Signature : 
Approved By	Designation : Medical Director Name : Dr. Anil BG Signature : 
Responsibility for updating:	Designation : Senior Manager Quality Name : Mrs. Anija Joseph Signature : 

AMENDMENT SHEET

[illegible]

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Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

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Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

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Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

	HOSPITAL SAFETY MANUAL	Document No	KRR/HSM/01
		Issue Date - No	04/10/2023 -01
		Page No	4 of 70

INTRODUCTION – SCOPE

- The ultimate goal in accident / incident prevention is "zero" disabling injuries / incidents and no lost work time. However, there are many barriers in achieving this goal, the most important of which is the human attitude. Most people feel that it won't happen to me or it couldn't happen here. We can do more to protect our self and our fellow mate by constantly thinking and practicing accident prevention, by understanding and adhering of the rules, regulations and safeguards given. One must think before act.
- Safety as defined in IS – 18001:2000 occupational health and safety management system. It is a state in which the risk of harm to person or damage to property is limited to tolerable level.
- In practice, safety is different from security. Security is a state of being or feeling secure, free from fear, anxiety, danger, doubt etc. It is a state or sense of certainty.
- This manual contains some practical and useful safety guidelines to serve as habits and rules that will help to achieve a safer attitude and a safe work environment.
- This manual documents the various health and safety programs and procedures established at Kauvery Hospital, Radial Road Its purpose is to assist in the identification and control of work place hazards and there by promote a safe and healthy environment for employees, patients, attendants, visitors and contractors.

- Incident:

Incident is untoward happenings which may or may not cause injury to anybody or property loss or damage to the environment. It could be fire, explosion, building collapse, sabotage as well as individual accident.

- Near Miss:

A Near miss is an unplanned event that did not result in injury or illness or damage, but had the potential to do so. Errors that did not result in patient harm, but could have, can be categorized as near misses.

- No Harm:

In No harm scenario, the error is not recognized and the deed is done. But fortunately, the expected adverse event does not occur.

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- **Sentinel Event:**

A relatively infrequent, unexpected incident, related to system or process deficiencies, which leads to death or major and enduring loss of function for a recipient of health care services.

Major and enduring loss of function refers to sensory, motor, physiological or psychological impairment not present at the time services were sought or begun. The impairment lasts for a minimum period of two weeks and is not related to an underlying condition.

EMERGENCY CODES

- **CODE BLUE** - Medical Emergency
- **CODE RED** - Fire Emergency
- **CODE PINK** - Child Abduction
- **CODE BLACK** - Bomb Threat
- **CODE ORANGE** - Hazmat Spill management
- **CODE GREEN** - Adult Patient Missing
- **CODE GREY** - Violent patient, Security Threat
- **CODE YELLOW** - External Disaster

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1.0 LEADERSHIP

1.1 SAFETY ORGANIZATION CHART



1.2 SAFETY PROGRAMME OF THE HOSPITAL

- 1.2.1 The safety programme of the hospital is aligned with all the safety related programmes in the hospital.
- 1.2.2 Patient safety programme, Laboratory Safety programme, radiation safety programme together contributes to the Hospital Safety programme.
- 1.2.3 All of these programmes are in alignment with the hospital safety programme and is reviewed by Hospital Safety committee.

1.3 HOSPITAL SAFETY COMMITTEE

- Hospital Safety Committee is an organizational structure where members represent a group. This gives everyone a voice that keeps the meeting size to an effective member of participants.
- Safety committee duties may include walk through inspections of facilities or addressing concerns that have been reported. The committee serves as a consultant or advisor to management.

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Purpose:

- To advise on the provision of a safe environment and facility for the patients and staff

Frequency of meeting: Every month, As and when required

If the member concerned is not available, a representative from the department may attend the meeting.

Scope and functions:

- To oversee, guide and ensure the following aspects of safety in the hospital
 - Environment / facility safety
 - Laboratory Safety
 - Radiation Safety
- To formulate and encourage the adoption of a Patient Safety Plan that is updated yearly and embraces local / regional / national / international standards for safety
- To promote a culture of 'Do No Harm' and report any 'Near Misses' to ensure highest level of safety for the patients and personnel
- To guide, advise, oversee and monitor the capability and capacity of the organization to track and institute corrective measures to deal with 'Sentinel Events' including investigation and consequent response; through formation of a **sub-committee for Sentinel Events**
- To facilitate and encourage development of a 'Blame Free Reporting Culture' thereby attaining error reporting voluntary and anonymous
- To review the incident report analysis
- To take immediate steps to address, resolve, and track the issues which are brought to notice through safety rounds and / or other channels
- To monitor and initiate actions for appropriate storage and safety practices with regard to all hazardous and dangerous materials including waste management
- To review the action taken towards infection control deviations and incidences reported.
- To review lab safety practices
- To analyze the staff injuries reported and other illness caused at work

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1.4 FACILITY ROUNDS

The Facility Rounds is conducted in the hospital by a multidisciplinary team, which includes representatives of Engineering, Biomedical Engineering, Security services, House Keeping, Facilities and Quality department.

Functions are as follows:

- Visit the entire facility as per Planner and identify issues related to environment of care that might have an impact on the safety of both patients and staffs.
- Monitor compliance of FMS standards.
- Educate healthcare providers on how to maintain safe environment of care.
- Establish team work to act on the identified issues.
- Assess HCW (Health Care Workers) on safety awareness / safety practice adherence.

2.0 SAFETY PROTOCOL

2.1 ELECTRICAL & MECHANICAL SAFETY

These set of instructions are related to electrical and mechanical safety aspects at Kauvery Hospital, Radial Road

Safety Instructions

- Don't meddle with electrical equipment's.
- Always check for defective cables(wire), plugs or sockets.
- Never overload any electrical equipment.
- Switch off after you disconnect electrical equipment.
- Don't let cables or wire trail across the floor. They are stumbling hazards.
- Don't use lighting circuits for portable tools.
- Avoid kinking, twisting, binding or crushing electrical cables.
- Do not put loose wires in the socket, use proper plug.
- Use only three pin plug (Hand tools.)

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- Never connect a portable electrical tool without earthing
- Don't use electrical tools near flammable vapors
- Wear safety shoes where required
- Do not use wet gloves at work
- Keep pathways to switch boards clear of obstructions
- Do not throw water on live electrical equipment / wires. In case of fire, use sand or blanket.
- Know the location of the nearest fire extinguisher, use the right type of extinguisher

DO's	DONT'S
• Switch off the supply before handling an electrical equipment - fan or replacing a bulb. • Use the correct size hrc fuse and quality of fuse wire when renewing a blown fuse (Use the correct amps HRC fuse) • Place "MEN WORKING" signboards on all switches before commencing work • Ensure that all electrical room controlling room switches are opened and locked or the fuses withdrawn, before working on any circuit or apparatus. • Treat circuits as alive until they are proved otherwise • See all the connections are securely made. • Discharge all cables to earth before working on the case. • Test rubber gloves periodically	• Do not connect single pole switch or fuse in the neutral circuit, but always connect in the phase wire (neutral wire do not connect in switch or fuse) • Do not use fuse wire when renewing a blown fuse close any switch unless you are familiar with the circuit • High voltage apparatus may give leakage shock or flash over even without touching. Do not touch without being sure. • Do not use wires with poor and deteriorated insulation • Do not wear loose clothing, metal watch straps, rings etc, while working on socket electrical appliances. • Do not bring a naked flame near oil filled equipment and battery

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- Place rubber mats in front of electrical switch boards - Ensure that all portable appliances are provided with 3-pin plug and the metal part of the apparatus is earthed - Disconnect the supply immediately in case of fire on or near any electrical equipment - Warn others when they seem to be in danger near live conductors	Do not enter excavations and trenches which give pungent smells; or work in badly lit / ventilated and congested areas

2.2 SAFETY ON OPERATION OF A/C PLANTS

This set of instructions apply to safety in operation / maintenance of Air-conditioning plants (all types) and related equipment in Kauvery Hospital, Radial Road

Safety Instructions

- Ensure that all the belt drives and fans are guarded properly
- Ensure all fasteners are properly tightened
- Ensure that the blower motor / condenser motor in Central A/c plants are in isolation for safe working during maintenance
- Use ladders to climb onto the roof while attending on condensers and adopt ladder safety procedures
- Ensure the floor is clean without water leakage
- Do not operate the equipment to more than its rated capacity
- Do not use compressed air for body cleaning / cooling
- Ensure all piping connections are secured properly
- Do not store flammable materials near the A/C plants
- Ensure all the safety interlocks are in working condition

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- Ensure that containers / pipelines are free of flammable vapours before any hot works
- Know the location of the nearest firefighting equipment
- Follow recommended safety procedures in case of fire.

2.3 GAS CYLINDERS SAFETY

Scope:

The set of instructions apply to Gas cylinder storage and handling at Kauvery Hospital, Radial Road

Safety Instructions

- Gas cylinders come under "explosives."
- Gas Cylinders are pressurized
- Gas cylinders' storage shall have storage license according to their stock.
- Gas cylinders should be stored only under shade, away from heat and fire and smoke
- Some of the gases are explosive, flammable, toxic and inert
- Gas cylinders should be transported through appropriate cylinder trolleys
- Gas cylinders should be kept vertically with proper-chained condition, safety caps to be ensured at its nozzle
- Full and empty cylinders should be properly marked.
- Oxygen and Acetylene cylinders should not be stored together.
- Proper ISI colour code to be followed.
- Gas cylinder header lines should have NRV's and gate or globe valves at every safe distance. Brass lines only to be used.
- Gas cylinder storage area should have the following necessary items.
 - Flame proof light fittings
 - Enough ventilation and exhaust
 - Fire extinguishers / hose reels / sprinklers

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- Unloading / loading bays
- Bulk gas should be delivered through manifold system with appropriate header and tapings as per the gas cylinders' act and rules guidelines.

2.4 WATER QUALITY SAFETY

- Microbiologically contaminated drinking water is a cause of community-acquired infection and guidelines for prevention of such infections have been established. Microbes in hospital water can also cause nosocomial infection, yet guidelines for preventing such infections do not exist. At least to assess the magnitude of the problem caused by waterborne nosocomial infections for immediate action for prevention is advised.
- The hospitalized patients at high risk for infection avoid exposure to hospital water using sterile water instead is recommended.
- To avoid the presence of legionella in water systems, various disinfection methods, cleaning schedules, ultraviolet, ionization, hyper chlorination, ozone methods are to be adopted and continuous monitoring after disinfection is recommended.

2.5 LIFT AND ELEVATOR SAFETY

Scope: Applicable to Patients, Public Hospital Service Personnel etc.

- Be sure to stand clear of the lift door as it is closing.
- Remember that the door sensors are not always completely reliable.
- While riding the elevator avoid drinking at all costs.
- Always enter and exit the elevator at designated.
- Use telephones in floor alignments in case of emergency.

2.6 CRYOGENIC SAFETY

Scope: Applicable to Stores & IV Labs Personnel and Hospital Premises.

- Liquid or lower temperature gas from any of the cryogenic substance will produce burn effects to skin.

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- Degrees of asphyxia will occur when the oxygen content in the work atmosphere is <20.9% by volume.
- Heat flux into the cryogen from the environment will vaporize the liquid and potentially because pressure build up in cryogenic vessels.

2.7 KITCHEN

Scope:

Applicable to cooking and related activities in the kitchen / pantries

Safety Instructions

- While handling knives and other cutting implements hold firmly on the handle and concentrate on cutting only.
- Do not use knives with broken handles.
- Always use sharp knives for cutting
- Avoid direct exposure with steam and steam carrying pipes.
- While frying, drop the ingredients into the oil slowly to prevent splashing of hot oil
- Turn down or switch off the flame when you see the cooking oil smoking too much
- Whenever you smell any cooking gas, turn off the regulator of the outlet(s)
- Do not wear loose clothing while operating the grinding machine
- Do not keep leftover foodstuffs for long. Dispose them regularly
- While handling hot containers, use a hand pad or cloth
- Know the location of the nearest firefighting equipment
- In case of fire in LPG room use DCP or Co2 extinguisher
- Do not touch electrical switches / plugs with wet hands
- Make sure the floor is scrubbed / dried regularly
- Wear clean aprons while working
- Cut nails and crop your hair regularly

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2.8 CLEANING

Scope:

This set of guidelines applies to cleaning, mopping and infection control at Kauvery Hospital, Radial Road

Safety Instructions

- Keep all gangways, pathways, aisles and stairways clear
- Wipe up spilt materials immediately
- Do not disturb electrical connections during cleaning
- Do not open electrical panel boards of the machine.
- Ensure power supply is disconnected before cleaning electrical appliances
- Use Safety gloves (Rubber, PVC) while handling biomedical waste
- Dump waste materials in designated compartments
- Do not spill any hazardous waste on the road
- Ensure easy access to fire extinguishers
- Know the location of the nearest firefighting equipment
- Do not enter radiation room unless otherwise authorized by the department
- While cleaning cobweb use ladder and helmet.
- Adhere to the policies and procedures as specified in Infection Control Manual
- Use wet floor sign boards whenever wet cleaning procedures, cleaning the staircase.
- Use disinfectants / cleaning agents where ever required.

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2.9 SAFETY OF CONTRACTORS WORKING INHOUSE

Scope:

This set of instructions applies to contractors and other agencies working in Kauvery Hospital, Radial Road

Safety Instructions

- Safety instructions for following areas have been prepared and handed over to the concerned contractors
- All contractors will follow the safety instructions given to them:
 - All Flammable Materials cleared from site
 - Fire Watch to be informed about the work
 - Gas Welding – Flash Back Arrester available in the torch
 - Arc Welding – Proper Earthing to be ensured
 - Work at Heights – Safety Belt, Helmets to be used
 - Welding Shields / Goggles to be used by operators
 - Ensure Water and Fire extinguishers are available while working
 - No loose wires or two pin plug sockets are allowed
 - Ensure welding return cable connected to job only
 - Connect the ground clamp when using electricity during welding. The ground clamp should be connected close to the work.
 - Securing gas cutting and welding cylinders so that they are not disturbed or damaged.
- New contractors are required to receive the relevant safety instructions and affix their acceptance signature in the register maintained at the security office.
- Hot permit system which details the safety clearance protocol is implemented for the following categories:
 - Electrical / Mechanical Safety
 - Arc welding / Gas cutting
 - Work at Height
 - Work in confined space

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- In Radiology area, designated RSO over sight the safety compliance as per BARC regulations.

2.10 WORK PERMIT (HOT & COLD JOB)

Instructions:

1. This permit must be displayed / availed at the place where Hot Work / Cold Work is in progress.
2. Site conditions must be checked personally by signatories (Departmental Managers)
3. Sunday Work only on special request.

2.11 MATERIAL HANDLING / MOVEMENT

Scope

This set of instructions deal with the safety in material handling / movement, safety in stores.

To achieve smooth material movements safety plays a very important role.



Safety in operation of men / materials lifts

- Give way to passengers getting out of the elevator, and wait for the next trip if the elevator is full.
- Know the safe working load (SWL) and the number of persons allowed in an elevator.

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- In case of fire, use the stairs and ramp, not an elevator.
- Enter and exit carefully, watch your step. Hold children's hands firmly.
- Stand clear off the doors. Keep clothes and any luggage that you may be carrying away from the opening
- Push and hold the door open button if doors need to be held open.
- If the doors are struck, use the emergency call button (or phone if available)
- Ensure that lifts are inspected periodically.

2.12 SAFETY IN USE OF CRASH CART:

- A sealed Emergency Cart will be located in designated clinical, patient care areas at all times for use in medical emergencies and resuscitation.
- Carts shall be stocked in accordance with an approved listing of drugs and supplies as established by the organization.
- Emergency carts shall be checked daily for its intactness and in addition, monthly inspections will assure that there are no outdated / damaged drugs and/or supplies in the cart.

Procedure:

- Medication in Emergency carts will be inventoried, checked for outdates and replenished by the pharmacist every time the cart is opened in case of an emergency.
- Outdated drugs will be removed from Emergency carts by the pharmacy.
- Carts that are ready for use will be locked with a lock. When lock is removed from a cart, drugs and supplies in cart will be inventoried and restocked as previously mentioned.
- A log will be kept listing all drugs and expiry dates of drugs in each Emergency cart.

Responsibilities:

- Carts shall be stocked in accordance with an approved listing of drugs and supplies as established by the organization
- Pharmacy will be responsible for maintaining and replacing drugs in Emergency carts.

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2.13 EQUIPMENT AND PRODUCT RECALL SYSTEM

A product recall of medical equipment is a request to return to the manufacturer a batch or an entire production run of a product, usually due to the discovery of safety issues. The recall is an effort to limit liability for corporate negligence (which can cause costly legal penalties) and to improve or avoid damage to the patients directly or indirectly. Recall process entail replacing the recalled medical equipment / part of the equipment / up gradation of software or hardware. This system is maintained by Bio-Medical Engineering Department.

2.14 ERGONOMICS

1. PURPOSE

The purpose of this procedure is to provide direction for all staff from preventing injuries due to ergonomic conditions.

2. SCOPE

All Employees

3. RESPONSIBILITY

Management & Employees

4. PROCEDURE

4.1. Work Area The work area should be large enough to accommodate you, allow the full range of motions involved in performing required tasks, and provide room for the equipment and materials that makeup the workstation.

4.1.1. Use a headset for lengthy or frequent telephone work.

4.1.2. Place the items you use most frequently directly in front of you.

4.1.3. Avoid overcrowding computer work areas.

4.2. COMPUTER WORKSTATION ERGONOMIC PRINCIPLES Standard furniture cannot accommodate everyone's needs. A taller person may need a one-time adjustment to have his or her work surface raised somewhat; a shorter person may need a footrest or other accessories. Adjustable furniture may be needed in situations where people share or use the same workstation.

4.2.1 The desktop should be organized so that frequently used objects are close to the user to avoid excessive extended reaching.

4.2.2 The work surface should have a matte finish to minimize glare or reflections.

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- 4.2.3 The area underneath the desk should always be clean/uncluttered to accommodate the user's legs and allow for stretching.
- 4.2.4 If a fixed-height desk is used, add a keyboard tray that adjusts vertically to provide added adjustability.
- 4.2.5 A footrest should be used if, after adjusting the height of the chair, feet do not rest flat on the floor.
- 4.2.6 Use a headset or speaker phone to avoid neck and shoulder discomfort if you use a phone frequently throughout the day.
- 4.2.7 Place the phone on the side of your non-dominant hand (i.e., left side if right-handed, right side if left-handed)
- 4.2.8 Position your desk lamp (if you use one) so that it illuminates source documents without causing either glare on the computer screen or direct illumination to your eyes.
- 4.2.9 A document holder should be used if documents are referred to during keying. The document holder should:
 - 4.2.10 Be stable and adjustable (height, position, distance, and angle of view).
 - 4.2.11 Support your document on either side of the monitor.
 - 4.2.12 Be at the same distance from your eyes as the display screen to avoid frequent changes of focus and you should be able you to look from one to the other without moving your neck or back.

4.3 CHAIR ADJUSTMENT Contrary to popular belief, sitting, which most people believe is relaxing, is hard on the back. Sitting for long periods of time can cause increased pressure on the intervertebral discs — the spongy discs between the vertebrae. Sitting is also hard on the feet and legs. Gravity tends to pool blood in the legs and feet and create a sluggish return to the heart. The following recommendations can help increase comfort for computer users:

- 4.3.1 "Dynamic sitting", don't stay in one static position for extended periods of time.
- 4.3.2 When performing daily tasks, alternate between sitting and standing or take small walking breaks throughout the day.
- 4.3.3 The chair back should have a lumbar support
- 4.3.4 Adjust height of backrest to support the natural inward curve of the lower back.

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- 4.3.5 It may be useful to use a rolled towel, lumbar roll or cushion to support the low back.
- 4.3.6 The angle of the back rest is subjective but the trunk and upper legs should form an angle between 90 to 115 degrees.
- 4.3.7 Adjust height of chair so feet rest flat on floor a) Sit upright in the chair with the low back against the backrest and the shoulders touching the backrest. b) Thighs should be parallel to the floor and knees at about the same level as the hips. c) Back of knees should not come in direct contact with the edge of the seat pan. There should be 2-4 inches between the edge of the seat and the back of the knee.
- 4.3.8 Arm rests should be removable and the distance between the arm rests should be adjustable. d) Adjust height and/or width of armrests so they allow the user to rest arms at their sides and relax/drop their shoulders while keyboarding. e) Don't use armrests to slouch. Also, chair arms should not noticeably elevate your shoulders or force you to move your arms away from your body to use them. f) Elbows and lower arms should rest lightly on armrests so as not to cause circulatory or nerve problems.
- 4.3.9 Use a footrest when attempts to adjust your chair and the rest of the workstation fail to keep your feet on the ground.
- 4.3.10 Ensure that you have some space (2-3") between the top of your thighs and the underside of your workstation.
- 4.3.11 Have enough space under your work surface so that you can pull yourself all the way up to the edge of the desk with room for your legs and knees to fit comfortably.

4.4 MONITOR

Once the chair and work surface height are properly adjusted, the computer monitor should be placed so the top of the screen is at or just below eye level when seated in an upright position. The following suggestions can help prevent the development of eye strain, neck pain and shoulder fatigue while using your computer workstation:

- 4.4.1 Make sure the surface of the viewing screen is clean.
- 4.4.2 Adjust brightness and contrast to optimum comfort.

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- 4.4.3 Position the monitor directly in front of the user to avoid excessive twisting of the neck.
- 4.4.4 User must position the monitor at a comfortable viewing distance, approximately 18-30 inches from the user.
- 4.4.5 Position monitors at right angles from windows to reduce glare. Close window blinds as needed to reduce glare from sunlight.
- 4.4.6 Position monitors away from direct lighting which creates excessive glare or use a glare filter over the monitor to reduce glare.
- 4.4.7 Adjust the monitor tilt so that ceiling lights do not reflect on your screen.
- 4.4.8 If a document holder is used, it should be placed at approximately the same height as the monitor and at the same distance from the eyes to prevent frequent eye shifts between the monitor screen and reference materials.
- 4.4.9 Get regular eye check-ups.
- 4.4.10 Adjust as needed for larger screens. You may need to sit farther away and increase the font size to take full advantage of the larger screen. Bifocal and trifocal wearers have to pay particular attention to the placement of their monitor. Wearers of bifocals and trifocals often unknowingly tilt their heads backwards so they can read the screen through the lower portion of their glasses. This can sometimes lead to neck, shoulder, and back discomfort. Potential solutions include either lowering the computer monitor or purchasing glasses designed specifically for working at the computer.

4.5 KEYBOARD

Many ergonomic problems associated with computer workstations occur in the shoulder, elbow, forearm, wrist, and hand. Continuous work on the computer may expose soft tissues in these areas to repetition, awkward postures, and forceful exertions, especially if the workstation is not set up properly.

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The following adjustments should be made to your workstation to help prevent the development of an ergonomic problem in the upper extremities:

- 4.5.1 First adjust your chair as mentioned above, then with your arms resting comfortably at your side, raise your forearms to form a 90 degree angle with your upper arms.
- 4.5.2 Adjust keyboard height so shoulders can relax and allow arms to rest at sides. An articulating keyboard tray is often necessary to accommodate proper height and distance.
- 4.5.3 Position the keyboard directly in front and be close to the user to avoid excessive extended reaching.
- 4.5.4 Forearms parallel to the floor (approximately 90 degree angle at elbow).
- 4.5.5 Mouse should be placed adjacent to keyboard and at the same height as the keyboard. Avoid extended and elevated reaching for keyboard and mouse. The back of the wrist should be kept flat (in a neutral position). Do not rest the hand on the mouse when you are not using it. Rest hands in your lap when not entering data.
- 4.5.6 A padded wrist rest will help to keep your wrist in a straight and neutral position while typing and keep your arms off the sharp edges of the work surface.
- 4.5.7 Do not rest your wrists or hands on a palm or wrist rest when you are keying. These rests are designed to provide support only during breaks from keying.
- 4.5.8 The slope of the keyboard may need to be adjusted so that it is flat in order that your wrists are straight and not bent back while you are typing.
- 4.5.9 Press the keys gently; do not bang them or hold them down for long periods. Keep your shoulders, arms, hands, and fingers relaxed. If your work surface is too high and not adjustable, adjust your chair to bring your arms to the proper position. If you raise your chair make sure your feet are properly supported.

4.6 LIGHTING

Lighting not suited to working with a computer is a major contributing factor in visual discomforts including eyestrain, burning or itching eyes, and blurred or

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double vision. The lighting in most office environments is too bright for optimal VDT screen viewing. The illumination may be reduced by removing 2 bulbs in a 4-bulb fluorescent fixture, removing the bulbs in every other fixture, or turning off overhead lights altogether. Supplemental desk lighting is better than overhead lighting for reading or printed copy. Use the following recommendations to reduce eyestrain and eye fatigue:

- 4.6.1 Close drapes/blinds to reduce glare.
- 4.6.2 Adjust lighting to avoid glare on screen (light source should come at a 90 degree angle, with low watt lights rather than high).
- 4.6.3 Avoid intense or uneven lighting in your field of vision.
- 4.6.4 Place monitor at 90 degree angle to windows (where possible).
- 4.6.5 Reduce overhead lighting (where possible).
- 4.6.6 Use indirect or shielded lighting where possible.
- 4.6.7 Walls should not be painted with a reflective finish.
- 4.6.8 Use a glare screen or monitor shield to reduce glare from overhead lighting.

4.7 WORK HABITS

Repetitious static work (working at the computer) is very fatiguing on your upper extremities as well as your eyes. It is important that breaks from working at the computer be taken every 20 to 40 minutes in order for your body to rest and recover. Taking a short break (3 to 5 minutes) does not mean you have to stop working, other activities such as talking to a co-worker, making copies, filing, etc. could be done during breaks from typing. It is also important to change positions periodically. Sitting in one position or leaning on your arms for an extended period of time can interfere with circulation.

5. RECORDS: Nil

6. REFERENCES: Nil

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3.0 HAZMAT HANDLING

3.1 HAZARDOUS MATERIALS AND WASTE

The organization identifies and safely controls hazardous materials and waste, such materials and waste includes chemicals, chemotherapeutic agents, hazardous gases and vapours and other regulated medical and infectious waste.

The activity includes:

- Preparation and updating of master inventory and departmental inventory copies.
- Collection and confirmation of appropriate Safety Data Sheet (SDS) for all materials in both the master and departmental copies.
- Preparation of the ERP (Emergency Response Planner)

Waste Management:

- Ensure wastes are disposed according to the policy.
- Dispose sharps in puncture proof sharp containers.
- Ensure wastes are properly segregated, collected in the rear side before disposal.
- Apply reduce, reuse, recycle methodology wherever possible.

3.2 HAZMAT AND WASTE HANDLING

Only staff trained in spill management shall be allowed to clean-up major spills or they will take appropriate action in laboratories as mentioned below. In all the cases immediate action would be taken as per protocols.

In case of any spill hazard emergency, rescue operation is carried out through trained personnel (HAZMAT response team immediately, Call 6666).

Make the following notifications:

- If the spill involves a fire, use manual call point to activate the fire alarm. Call 6666 and provide details of the fire.
- For spill that does not involve fire or explosion, contact 6666 and describe emergency.

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- Instruct others in the area about the emergency and stay clear of the spill area. If you have knowledge about the spill, identify yourself to the Hazardous Materials Response Team.
- Follow the directions of the HAZMAT response team.

3.3 BIOHAZARD SPILLS IN THE LABORATORY

- **Employee Contamination**
 - If the skin becomes contaminated with blood or other potentially infectious materials, wash the area thoroughly with soap and water.
 - If blood or other potentially infectious material is splashed into the eyes, immediately use the nearest source of clean water, and flush for at least 15 minutes. There are bath showers and eye fountain in Laboratory Services.
 - Remove grossly contaminated clothing immediately. Place the contaminated clothing in a plastic bag.
 - Report the spill to the Supervisor, and seek medical attention.
- **Clean Up**
 - Wear the appropriate PPE to clean up the spill. At a minimum, this includes gloves, protective eyewear and a mask, or a face shield. Depending on the size and type of spill, impervious gowns, protective foot coverings, or respirators may be needed.
 - Pick up any broken glass with tongs or heavy towel. Do not use your hands.

Wear PPE before handling the Spillage of blood, urine, faeces, or vomit.

For spillage of body fluid (e.g. Urine, faeces or vomit);

- Soak up as much of the visible material as possible with disposable tissue / paper.
- Dispose of the soiled tissue / paper according to the bio medical waste management guidelines.
- Clean and disinfect the area using 1% sodium hypochlorite, rinse and dry.
- Discard gloves and apron according to Bio-medical waste management.
- Wash hands

For minor Blood spillage:

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- Wear PPE.
- Decontaminate all blood spills with a 1% sodium hypochlorite Wipe the spillage with tissue / paper and discard according to biomedical waste (BMW) management guideline
- Again wipe the area with disinfectant
- Discard the glove according to BMW Protocol
- Wash the hands

Major Blood Spillage:

- Place WET FLOOR sign board next to the spill.
- Wear appropriate PPE
- Place the spillage management kit next to the spill.
- Arrange the required colour coded dust bin cover so that they are ready to receive the contaminated waste
- Spray adequate amount of 1% sodium hypochlorite solution over the spill and contain the area with disposable paper towels.
- Allow a contact time of 10-20min.
- Remove the disposable paper / towels.
- Place soiled paper / towels in appropriate colour coded dust bin cover. (with label)
- Clean the area using cleaning agent specific to the area.
- Put soiled gloves in red colour cover.
- Wait for the area to completely dry before removing the WET FLOOR signboard.
- Note: Use separate yellow colour mop to clean the area and label as hazardous

• Spills or Breakage in a Centrifuge

- If a spill / breakage occurs during centrifugation, switch off the machine.
- Leave the centrifuge stopped and closed for at least 30 min. to allow any aerosols to settle.
- Remove the tube holding sockets if any and their contents to a safety cabinet.
- Call up the Biomedical Engineering Department.
- For Engineering Department Personnel / Repair personnel :

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- Remove the lids (if they are being used) of the tube holder and place the tube holder, lids and tubes into a container for autoclaving or into an appropriate disinfectant (not into Hypochlorite which will corrode metal).
- Disinfect the whole inside of the centrifuge using 70% Isopropyl / Ethyl alcohol.
- The operator dealing with the breakage must wear heavy-duty gloves with a disposable plastic apron in addition to the conventional protective clothing.
- Please see that the centrifuge is functional before returning to the area.
- Intimate laboratory staff.
- **Spills in a Biological Safety Cabinet or Laminar Flow Hood**
 - Do not shut off the ventilation. The cabinet should be left running to prevent the escape of contaminants. If there is a UV light, leave it on.
 - Wear the appropriate PPE. If the material is infectious, a respirator may be needed.
 - Use 1% Hypochlorite solution to disinfect the cabinet.

3.4 ETHYLENE OXIDE EMERGENCY

• Primary Emergency Procedures:

Evacuate the immediate area and if possible, remove any injured persons. To aid in containment of the ETO, raise an alarm. Ask everyone to evacuate the area and notify the HAZMAT Team. Seal the area as best as possible. Close the doors and if possible, tape the edges to prevent spread of ETO. This will aid in containment, as ETO is highly inflammable. A spill or leak of ETO should be handled as follows:

- Immediately contact 6666 for the HAZMAT Team.
- Persons who come in contact with ETO should immediately remove contaminated clothing and wash or shower to remove any ETO from the skin. These persons would then be brought to the Emergency Room for proper care.
- Contact the necessary companies, which installed the unit.
- Do not re-enter the area unless the HAZMAT Team declares the area safe for re-admission.

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• Secondary Emergency Procedures

After personnel have carried out the above procedures, the Department of Engineering, along with the Safety and Security is responsible for bringing the emergency under control. Thus Secondary Emergency Procedures include rescue, firefighting and contamination control through clean up or other methods.

3.5 OTHER SPILLS

3.5.1 Responsibilities:

Only staff who are properly trained and equipped with the appropriate level of personal protective equipment shall be permitted to clean major hazardous materials spills. The Hospital's HAZMAT Team consists of specially trained staff from Housekeeping. If additional assistance is needed, the Supervisor of the HAZMAT team will be responsible for arranging of additional resources.

3.5.2 Procedures for spills

- Rescue anyone immediately affected by the emergency. Only rescue, if it does not put you at great risk. Provide first aid to victims.
- Note the following:
 - If the emergency involves a fire, use the manual pull box to activate the fire alarm.
 - For spills that do not involve fire or explosion, contact HAZMAT Team and describe the emergency. Inform the HAZMAT Team for chemical or radiological spill incidents.
 - Warn others in that area about the emergency and stay clear of the spill area. If you have knowledge about the spill, identify yourself to the HAZMAT Team.
 - Follow the directions of the emergency responders (Fire Department, and Security Personnel).

3.6 SDS (SAFETY DATA SHEETS)

- Ensure SDS shall be available wherever hazmat items / chemicals are stored or used.
- SDS shall be accessible to the staff.
- Prepare index for SDS with to search in case of emergencies.
- The index should match the SDS binder contents.

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- Update the SDS binder contents when applicable.

3.7 EYE FOUNTAIN / DECONTAMINATION CHAMBER:

- **Eye Fountain / Shower**

- These units provide a complete safety station for immediate first aid.
- In one location both eye / face wash fountain and drench shower ensures instant flushing of eyes and / or body with enough amount of water.
- Shower and eyewash are operated simultaneously and independently either by push lever or foot operation.
- Eyewash fountains should be checked daily by the users to prevent colonization by bacteria.
- Once in 6 months a sample of the water should be collected in a sterile container and sent to the Microbiology department for Culture. The container should be labelled with the name of the area from where the eye fountain is located. Contact the microbiology department on the same day to take swabs from the faucet areas.
- Once the report is ready, file a copy in your area. In case the report is indicative of growth take appropriate corrective and preventive action after discussing with the infection control department head.

- **Decontamination Chamber:**

Decontamination showers with inflatable structure are designed for the decontamination and cleaning of personnel or materials; but it can be used as a mobile sanitary facility during rescue actions and for clean-up of accident consequences; located at emergency entrance.

4.0 DISASTER MANAGEMENT

4.1 EMERGENCY EVACUATION GUIDELINES

In the event of fire or other emergency, seconds count. The safe, orderly and prompt evacuation of building occupants depends on having the physical safety features of a building in operating condition as well as having an emergency evacuation plan. The

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cooperation and participation of every building occupant is essential. Every person who lives and works in a building on campus has an individual responsibility to know how to evacuate in an emergency and to accomplish the evacuation when the fire alarm device sounds or when directed by an authority. This guide will help you to prepare for emergency situations that might arise in the facility.

- **Pre plan your escape:**

- Know the location of fire alarm MCP.
- Make sure your floor has at least two unobstructed ways out.
- Check the fire exits to make sure they are usable.
- Do not use the elevators. They could become disabled, trapping you on the fire floor.
- Recognize the sound of the fire alarm.

- **If there is a fire or fire alarm: EVERYONE EVACUATES!**

- If you discover a fire or smoke condition, sound the building alarm by activating the nearest MCP. Inform 6666 regarding the details.
- Whenever you hear the fire alarm sound, LEAVE IMMEDIATELY! Don't assume the fire alarm is false or a test and wait to see what others do. In a fire seconds count.
- Try to help others, if you can do so safely.
- Unless unusual conditions dictate otherwise, the best evacuation route is the nearest stairway, ramp and out the nearest exit.
- When leaving, close (do not lock) the door behind you.
- Once outside, meet at your assembly point and take a head count to make sure everyone is out and accounted for. Never attempt to re-enter the building to search for someone missing – let fire or police officials know.

- **Is the door hot?**

Before opening a door, you should make sure there is no fire on the other side by using the back of your hand to touch the door, door knob, or door frame. If any of these feel hot, do not open it, there is probably fire on the other side. If cool, open the door slowly, leave the area and close the door behind you.

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- **Stay low when there is smoke**

If you encounter smoke while escaping, crawl or get as low as you can. The cleanest air will be within 1 to 2 feet of the floor. If the main exit is blocked by fire or smoke, you should use your alternate route. If feasible, go back in your room to wait for rescue.

- **If you cannot escape**

Close all doors between you and the fire. Seal cracks around doors with cloth to keep the smoke out. Call 6666 to notify them of your location. While waiting for rescuers, signal from a window by hanging clothes out of the window, waving an object or shouting.

4.2 PROCEDURES AND GUIDELINES FOR HORIZONTAL / VERTICAL RESCUE OF PATIENTS

- At all patient care units, the ward Incharge will maintain a list of patients who are handicapped / fully dependent for mobilization.
- Emergency telephone numbers must be kept by the telephone nearest to the person's normal work location. All handicapped personnel will be evacuated with the help of assigned personnel.

4.3 TRANSPORTING HANDICAPPED PERSONS VIA THE RAMP

In the event of an emergency, all handicapped personnel shall be directed along with an attendant to a safe area. At no time shall any person be directed to an elevator lobby to wait for evacuation. Under some circumstances, where it may be life threatening for the handicapped person and their attendant to remain in that location, the handicapped person must be evacuated via the ramp.

4.4 NATURAL DISASTER GUIDELINES - EARTHQUAKES

4.4.1 DURING AN EARTHQUAKE DO NOT PANIC!

- Move away from overhead hazards and remember to:
 - DUCK, COVER AND HOLD ON!
 - Lights may go out, sprinkler systems may go on, fire alarms may sound; you may feel the ground shaking and see equipment and furniture move. Move away from overhead hazards.

4.4.2 IF YOU ARE INSIDE A BUILDING:

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• **STAY THERE! DO NOT TRY TO EXIT. DO NOT USE THE ELEVATORS.**

Get under a sturdy table or desk or brace yourself in a doorway or corner. Move to an inside hallway when possible. Choose a location that will allow you air to breathe in the event the building collapses around you. Stay clear of windows, bookcases, shelves, cabinets, mirrors, hanging plants and other heavy objects. Watch out for falling ceiling tiles, ceiling fans, wallboard and plaster.

• **IF YOU ARE OUTSIDE:**

- MOVE TO AN OPEN AREA
- KEEP AWAY FROM POWER LINES & POLES, TREES, WALLS AND CHIMNEYS.
- In all cases, try to stay calm and reassure others.

• **AFTER AN EARTHQUAKE**

- Remain calm - reassure others. Use common sense and cooperate with others.
- Wait until all motion has stopped before proceeding with further action.
- Be prepared for significant aftershocks.
- Do not place yourself in danger.
- Do not use elevators.
- Administer First Aid to injured persons as needed.
- Do not attempt to move any seriously injured persons unless they are in immediate danger of further injury.
- Check for trapped and handicapped persons and assist where possible.
- Do not light a match or turn on a light switch until certain there are no gas leaks, use flashlights if available.
- Check for fires and extinguish where possible.
- Terminate any hazardous work procedures (turn off gas burners, shut off equipment etc).
- Check utilities - shut off if necessary.
- Evacuate buildings carefully. Be aware of hazards such as broken pipes, gas leaks, flooding, electrical hazards and weakened structure.

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- Take any emergency supplies and first-aid kits with you when evacuating.
- Go to a pre-determined emergency meeting place.
- Turn on a battery operated radio (or car radio) for emergency information.
- Clean up any spill hazardous materials.
- Take prescribed medication, if any, at their usual time.
- Do not go without food or water for too long. Avoid open containers near shattered glass.
- Check around for building damage and evacuate if there is any chance of the building collapsing.
- Do not re-enter buildings until assessed for safety, and use extreme caution if doing so.
- Be prepared for additional significant earthquake aftershocks, which may bring down or further, damage previously weakened structures.
- If possible, assess and establish a safe weatherproof shelter.
- Stay out of risk prone areas.
- Assist with requests from civil defense officers, police, fire fighting or other emergency and relief organizations.
- Wear sturdy shoes for protection from debris or broken glass.
- Check gas, water and electrical lines and devices for damage. Shut off, if appropriate.
- Do not approach downed power lines or objects touched by downed lines.
- Clean up spilled chemicals or other potentially harmful materials.
- Check water supplies. If water is off, use emergency water obtained from water heaters.
- Check to see that sewage lines are intact before flushing toilets or using other plumbing.
- Do not use telephones except for emergency calls to save lives.
- Keep roads clear for emergency vehicles.

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- Do not use your vehicle unless there is an emergency.

4.5 BOMB THREATS

- **When a bomb threat is received by telephone:**

- Listen carefully
- Be calm and courteous
- Do not interrupt the caller
- Obtain as much information as you can
- After the caller hangs up, notify the Security Control Room and other authorities as soon as possible.

- **Questions To Ask:**

- What time will the bomb explode?
- Where are you calling?
- What is your name?
- Where and why did you place the bomb?

- **Pertinent data to record:**

- Time
- Date
- Duration of call
- Exact wording of threat
- Identifying characteristics of caller:
 - Sex
 - Estimated age
 - Accent
 - Voice (loud, soft, etc.)
 - Speech (fast, slow, etc.)

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- Diction (good, nasal, lisp, etc.)
- Manner (calm, emotional, vulgar, etc.)
- Was the voice familiar?
- Did the caller seem familiar with the area?
- Any background noises?
- Write down as much information as possible. Include your impressions of the caller as this may also prove to be useful to investigators.
- **Search guidelines:**
 - Look around your immediate area for any suspect object.
 - Do not touch anything - report suspect object if any.
 - You can be of help to authorities by pointing out any other unidentified objects.
 - Unlock drawers, cabinets, etc. for search crew.
- **Precautions:**

Should a device or suspect device be discovered:

 - Do not touch or move it.
 - Do not assume that it is the only one.
 - Leave the area immediately.
 - Inform 6666 as soon as possible.
- **Evacuation Guidelines:**

Note: If necessary, the Fire Alarm system may be activated in order to initiate an evacuation. This will also bring the assistance of firefighting personnel.

 - Keep calm.
 - Follow instructions of supervisors or other authorities.
 - When evacuating, remove identified personal property, such as lunch containers, briefcases, purses, etc.
 - Assist with requests from police, fire or other authorities in order to safely resolve the situation.

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4.6 CIVIL DISORDERS

1. PURPOSE:

This Procedure outlines the safety precautions and management of any public disturbance involving acts of violence by a group of three or more persons causing immediate danger, damage, or injury to the property or person of another individual.

2. SCOPE:

The scope covers all the personal employed in the hospital.

3. RESPONSIBILITY:

Management & Employees.

4. PROCEDURE

4.1 Alert employees in the area of the situation

4.2 Alert the security to close the entrance gates

4.3 Lock all doors, secure all files, documents and equipment

4.4 Inform to the police

4.5 Avoid provoking or obstructing anyone participating in a disturbance or demonstration. Assist the police when they arrive by supplying them with all additional information and ask others to do the same

4.6 The police will assess the situation upon their arrival and conduct any search necessary or disperse demonstrators as necessary

4.7 Once the Crowd is dispersed, necessary security guards and police personal are placed until such time its considered safe for hospital staff for re-entering into the campus.

5.0 FIRE SAFETY

5.1 STEPS FOR FIRE PREVENTION

It is the responsibility of every employee to observe report and check any condition or act that may be a potential cause of fire. The main points to be observed in fire prevention are given below.

- Old and frayed electric cables damaged switch boards, loose fixtures and sparking appliances, will be reported in writing to the Engineering Department by the concerned department, managers, and supervisors for immediate repair/replacement. Follow up action will be taken until work is complete.

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- Welding/hot works by Engineering Department/contractors is not allowed without written permission of fire safety officer/shift security officer. Departments will ensure that welding is not permitted in their departments unless some fire personnel is present to provide fire-fighting cover. It will also be ensured by manager/supervisor that a radius area of twenty feet from the point of welding is cleared of all inflammable material such as petrol / thinner oil, paints, cardboard paper, plastic cloth and dry wood. Furniture that cannot be removed should be covered with asbestos sheets or wet cloth or tin sheets.
- Chemicals and oil stored in material store will be divided into small stocks with adequate spacing in between.
- The Shift in charge Food & Beverages Department will be personally responsible for operation and safety of Liquid Petroleum Gas installation attached to the kitchen. He will ensure that all valves on the main feed pipeline and regulators on the gas stoves are shut, when not in use.
- Excessive paper, plastic, cardboards and wooden scrap will not be allowed to accumulate in office. Supervisor Housekeeping or engineering will ensure that prompt action is taken on complaint by concerned department.
- Patients who want to use electrical gadgets other than the ones provided by the hospital need to get prior permission from the engineering department.
- Used bandage/cotton etc. will not be allowed to accumulate.
- Unauthorized fires will not be lit in the hospital premises. Authorized fire will be completely snuffed before close of work. E.g. Lab areas
- Fireworks are not permitted inside the hospital.
- Private electric appliances like heaters, immersion rods are not allowed inside the hospital.
- Duplicate keys of all offices, stores, and departments will be deposited with security, and kept in the duplicate key box.
- Firefighting equipment will not be removed or misused for industrial/administrative purposes. Department concerned will prohibit people for any such misuse.

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- Tapping of hydrant lines for administrative use is a serious violation of the safety policies. Engineering Department will ensure that existing underground and surface tapplings are disconnected immediately.
- Whenever a new structure is to be built or an old structure is modified, Projects/Engineering Departments will involve the safety officer at the planning stage for projecting the fire safety requirements. The Projects/Engineering Departments will consult the safety Officer whenever any work site is used involving inflammable material.

5.2 FIRE SAFETY PLAN

Fire – How does it occur?

Fire is a chemical reaction called "Combustion" in which combustible substances burn in the presence of oxygen to produce a lot of heat and light.



The diagram illustrates that for fire to occur fuel or any combustible material, heat and oxygen have to be present

• Methods of fire extinction

If any of the three above cited ingredients are removed the fire will be extinguished.

There are three methods of fire extinction, namely:

- Removal of Heat – cooling
- Removal of fuel – Starvation
- Removal of limiting oxygen supply – blanketing

• Classification of Fires (As per Indian Classifications)

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Class A – Fire involving solids (paper, wood, cloth, etc.)

Class B – Fire involving flammable liquids (petrol, diesel, paints, kerosene, etc.)

Class C – Fire involving gases (LPG / Acetylene etc.)

Class D – Fire involving metals (phosphorus, magnesium, etc.)

Electrical Fire – No Class

Food / Kitchen Fire – No Class

• **Types of Fire extinguishers**

- Foam extinguishers
- DCP extinguishers
- CO₂ extinguishers
- MRI Compatible

• **Early Detection & Containment**

- Heat Detectors (Basement 1 & Basement 2)
- Smoke Detectors (Ground to 12th floor)
- AHU Tripping
- Fire Dampers
- Smoke Exhaust

• **Fire hydrants and Fire hose reels**

- Fire Hydrant boxes – Two boxes in each floor, 7 in peripheral areas, thus total of 30 numbers.
- Fire Hoses and Accessories – 74 no's with 15 meters' length
- Fire hose reels – 30

• **Fire extinguishers selection** - Select correct type of extinguisher for fire fighting

- Foam extinguisher – Class B

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- DCP extinguisher – Class ABC
- CO2 extinguisher – Electrical Fire
- MRI compatible CO2 – MRI

• **Safety Instructions – Fire prevention**

- Adhere to the hospital's "No Smoking" Policy
- Keep the area around your workplace dry and litter free.
- Ensure electrical connections and devices are in good condition
- Do not insert naked wires into plug sockets.
- Ensure fuses of the right ratings are used.
- Do not pour / spill any liquid (water, chemicals, etc.) on electrical wires / cables.
- In case of fire, use the correct type of fire extinguisher.

5.3 FIRE EMERGENCY TEAM / FIRE RESCUE TEAM

FIREFIGHTING TEAM

Composition: - Trained Firefighting Personnel

Duties

- Proceed to the scene of fire with appropriate firefighting equipment.
- Assess the gravity of fire and call the fire brigade if required, in consultation with the GM Operations / Medical Director/Safety Officer.
- Extinguish fire under the supervision of officer in charge of the firefighting team.
- Ensure minimum loss to life and property.
- Be available to officer in charge of the firefighting team for further instructions.
- Do not allow a crowd to collect around the scene of fire.

CORDON TEAM

Composition: Security Personnel

Duties

- Form a ring around the scene of fire and ensure that the functioning / movement of the Fire Fighting team / Fire Brigade Personnel is not hampered with.

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- Ensure route up to site is kept clean for Fire Fighting.
- Ensure safety of property.
- Do not allow crowd to collect around the scene of fire. Move the general public away from the site to the identified assembly zones.
- Assist the Fire Fighting team, if required.

SALVAGE TEAM

Composition: - Housekeeping / F&B Team

Duties

- Remove all combustible items from around the scene of fire
- Move all-important papers and equipment to a safe area.
- Extract all un-damaged material once the fire has been put out.
- Assist the other team members, if required.

5.4 EVACUATION TEAM / FIRST AID TEAM

Composition: All Doctors, Nursing staff, Medical technicians and ward boys. EMO on duty will be in charge of this team.

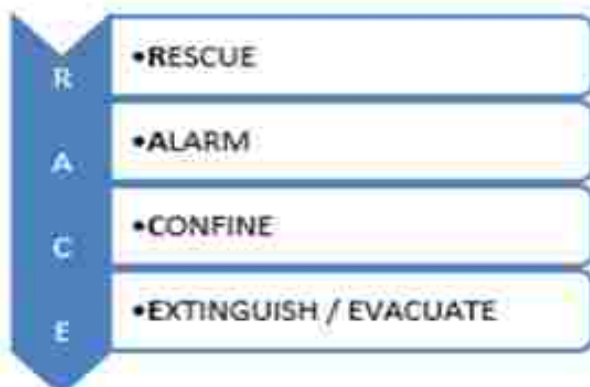
Duties

- Patients in the immediate fire area should be moved first.
- Walking patients should be conducted in a group to a safe area through fire exits or other exit staircases
- Bed ridden patients shall be brought down via ramp.
- Ensure that patients on life support systems are evacuated along with the equipment.
- Critically ill patients in Traction beds are wheeled safely to a safer environment.
- One staff member to be designated by Senior Nurse, to check toilets and other rooms to make sure no patient is hiding or trapped there.

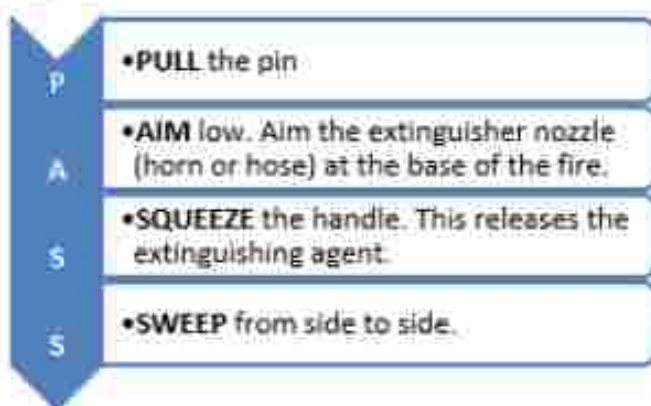
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- After patients are evacuated close doors and windows to prevent fire / smoke from spreading. Turn off any oxygen outlets. Where applicable, smoke prevention doors should be closed.

5.5 RACE



- Rescue** - Remove everyone from the area. If a fire occurred in a patient room the staff should immediately remove the patient from that area.
- Alarm** - The Fire Alarm MCP shall be activated. Fire Alarm MCP are located throughout the buildings, several on each floor. By activating the Fire Alarm a fire action plan is set into motion where Engineering and Security receives the signal and initiates the emergency response. In addition, the air conditioning systems that could increase fire spread are automatically shut down. Inform in 6666.
- Confine / Contain** - Once the room or area has been cleared of patients the door shall be closed, thus confining the fire, which gives the fire response team the time needed to arrive.
- Extinguish / Evacuate** - When practical and only when an employee has been properly trained in the safe and proper use of a fire extinguisher, the attempt shall be made using one fire extinguisher. Evacuate if you are not comfortable using a fire extinguisher or if more than one extinguisher is needed.



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5.6 OPERATING FIRE EXTINGUISHERS (ALL CLASSES OF FIRE)

This set of instructions deal with the operation of all handy fire extinguishers in Kauvery Hospital, Radial Road.

Remember the word - **P A S S**

- **PULL** the pin. Some units require the release of a lock latch, pressing a puncture lever, inversion, or other motion.
- **AIM** low. Aim the extinguisher nozzle (horn or hose) at the base of the fire.
- **SQUEEZE** the handle. This releases the extinguishing agent.
- **SWEEP** from side to side.

Watch for reflash. Move in close. Pull apart the burned area to get at hot spots. Discharge the contents of the extinguisher.

NOTE: Foam, CO2, water or other types of extinguishers may require slightly different actions. READ THE INSTRUCTIONS given on the fire extinguisher.



5.7 Preventive Maintenance Plan of Fire Detection & Fighting System:

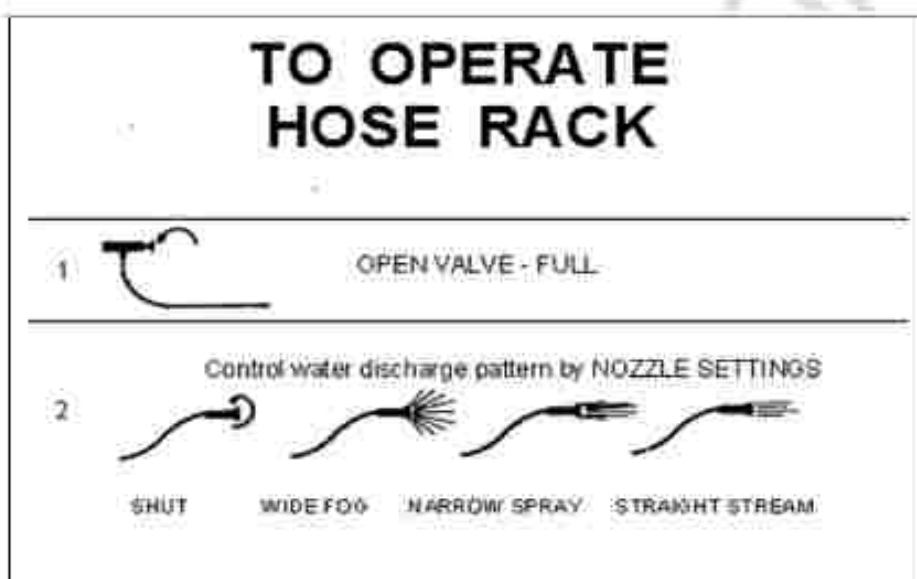
S.No	Name	Duration	Remarks
1	Pump Room	Daily, Weekly	Specific aspects checked periodically. 3 months once by the vendor.
2	Fire Extinguishers	Monthly	
5	Yard Hydrants	Weekly	3 months once by the vendor.
6	Fire Shaft	Weekly	3 months once by the vendor.
8	Smoke Detector	Monthly	
9	Manual call point	Monthly	
10	PA System	Monthly	

The Above schedule followed for periodical testing and maintenance schedule for fire detection & prevention devices.

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Summary:

- Know how to operate the extinguishers. A small fire can easily become a big fire if an extinguisher is used incorrectly.
- Fight only small fires and preferably not alone!
- Make sure you have access to a safe exit.
- If you have the slightest doubt about whether to fight or not to fight the fire -- DO NOT!
- Get out and call 6666



6.0 RISK MANAGEMENT

The leadership shall have the responsibility for identification, prioritization, reporting and management of risks in the organization. Through such program, the leadership and staff shall identify systems and processes that may contribute to the occurrence of untoward patient experiences or events. By investigating and understanding the causes that underlie such events, changes in the organization's systems and processes shall be made to reduce the probability of future occurrences. There shall be a defined mechanism for ongoing monitoring of performance with submission of periodic report to the leadership to plan to reduce the risks to the patient, family, staff and overall the organization.

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• Risk identification

The identification for the risks are done at the levels of different departments. These include:

- International Patient Safety Goals
- Safety and Security
- Fire Safety
- Equipment Safety
- Hazmat Safety
- Utilities Safety
- Laboratory Safety
- Radiation Safety
- Medication Errors
- Blood Transfusion Reactions
- Clinical Risk Assessments
- Infection Control Risk Assessments

• Risk Prioritization and Reporting

The risk prioritization for different incidents shall be done through the Risk Assessment Matrix. Reporting of risks and incidents shall be done through the Incident Reports.

• Risk Management

The hospital shall use the appropriate tools to mitigate the risks and based on analysis shall redesign or redeploy processes to reduce further risks to patient, family, staff and organization.

• Investigation of adverse events

The analysis of Sentinel Events or serious adverse events shall be done through proper root cause analysis. Investigations of events shall be done through the following process -

- Risk Assessment
- Involvement of departments and analysis processes
- Identification of Root Causes
- Suggested action

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- **Implementing control measures**

The basic principle of controlling risks in the workplace is to either remove the risk or to control its possible impact. Any control measures that are introduced should be designed to:

- Reduce the numbers of people that are likely to be exposed to the risk or ensuring that vulnerable persons are not affected.
- Reduce the likely severity of injury that could be suffered by a person.
- Reduce the likelihood of an injury occurring by introducing appropriate control measures.

- **Recording the findings of the assessment:**

It is important to record the significant findings of the risk assessments to ensure that the assessment is properly reviewed at the appropriate time and the employer's legal duty is complied with. Once the findings have been recorded, they must be communicated to the employees.

- **Monitoring and reviewing the assessment:**

As work activities are dynamic and liable to subtle changes, the circumstances surrounding the original risk assessment may also change. It will, therefore, be necessary to monitor and review the risk assessment at specified intervals to ensure that they remain valid. Monitoring of the assessment should be carried out regularly depending on the level of risk to ensure that the control measures are still in place and working as intended.

It is to be ensured that:

- Poor working practices have not kept in.
- The stipulated control measures are still in being used.
- The circumstances under which the assessment was made remain the same.

A review should normally be undertaken when circumstances surrounding the assessment change and it is no longer valid. The greater the risk from the work activity, the greater should be the frequency of monitoring and reviewing.

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6.1 BUILDING (CONSTRUCTION AND RENOVATION SAFETY)

This set of instructions apply to the existing as well new building layouts. These are to be followed by projects / engineering or other concerned employees.

Safety Instructions:

- Any building, wall, chimney, stairway, ramp, floor, platform or other structure whether of a permanent or temporary nature shall be constructed, situated or maintained in such a manner as not cause to risk of bodily injury.
- Exit must lead directly outside or to a street, walkway, refuge area, public way or open space with access to the outside.
- Exits must be reasonably straight, smooth, solid, substantially level walkways and not to have a dead end larger than 2 ft
- False ceiling materials are preferably made of non-combustible materials.
- Electrical wirings should be properly conducted and carried through cable trays, having appropriate heat based smoke detectors above and below false ceiling
- Bathroom Floor should be non-slippery and antiskid.
- Electrical switches / panel boards should have Electrical Leakage Circuit Breakers (ELCB) and double earthing concepts.
- The slope and drainage should be properly connected, so as to avoid any seepage / leak in the building
- Low ceiling areas may avoid ceiling fans
- Not to keep any stock of combustible / flammable materials unauthorized unless and otherwise it has been designated.
- Open sky areas in between buildings should have permanent accessibility to carry out any work
- No storage is permitted at Exit doors

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7.0 CLINICAL SAFETY

7.1 Personal protective equipment (PPE):

7.1.1 Potential Hazard: Exposure to blood and OPIM due to an ineffective PPE program.

7.1.2 Possible Solutions: Appropriate Use of PPE: Personal Protective Equipment (PPE) is required by the Blood borne Pathogens Standard (if exposure to blood and OPIM is anticipated and where occupational exposure remains, after institution of engineering and work practice controls. Gloves must be worn when hand contact with blood, mucous membranes, OPIM, or non-intact skin is anticipated, and when performing vascular access procedures, or when handling contaminated items or surfaces. It shall be ensured that employees wash their hands after contact with blood or OPIM. Easily accessible wash basins shall be provide in the work spots and It shall be ensured that employees wash hands and any other skin with soap and water or flush mucous membranes with water as soon as feasible after contact with blood or other potentially infectious materials (OPIM). Disposal of PPE Protective clothing must be removed before leaving the room and disposed of in an appropriately designated area or container for storage, washing, decontamination or disposal.

7.2 Latex Allergy:

7.2.1 Potential Hazard: Developing latex sensitivity or latex allergy from exposure to latex in products like latex gloves.

7.2.2 Possible Solutions: Employees must be provided with appropriate gloves when liable for exposure to blood or other potentially infectious materials (OPIM). Alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

7.3 Blood borne illnesses – Hepatitis B virus:

7.3.1 Potential Hazard: Exposure to potentially fatal blood borne illnesses such as Hepatitis B Virus (HBV). Hepatitis is much more easily transmissible than HIV. Risk of infection from a single needle stick is 6%-30% (CDC 1997). 50% of the people with HBV infection are unaware that they have the virus. The CDC states

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that HBV can survive for at least one week in dried blood on environmental surfaces or contaminated needles and instruments

- 7.3.2 Possible Solutions:** Prevent the exposure in the first place by implementing an effective Exposure Control Plan as required by the Blood borne Pathogens Standard. Employees who are at a risk of having occupational exposure to blood or OPIM are given Hepatitis B vaccination at the time of joining. But not later than 10 working days from the day of joining. Following a report of an exposure incident the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up. If a worker is exposed to HBV, timely post-exposure follow-up with Hepatitis B immune globulin and initiation of Hepatitis B vaccine which must be offered are more than 90% effective in preventing HBV infection. Our Infection Control Nurse maintains a log of injuries and is followed up for a year in case the source is positive.

7.4 Blood borne illnesses - Human Immunodeficiency Virus:

- 7.4.1** HIV infection has been reported following occupational exposures to HIV-infected blood through needle sticks or cuts; splashes in the eyes, nose, or mouth; and skin contact. Most often, however, infection occurs from needle stick injury or cuts.
- 7.4.2 Potential Hazard:** Exposure to potentially fatal blood borne illnesses such as HIV.
- 7.4.3 Possible Solutions:** Prevent the exposure by implementing an effective Exposure Control Plan as required by the Blood borne Pathogens Standard. Under certain circumstances post-exposure prophylaxis for HIV must be provided to health care workers who have an exposure incident. However, the drugs used for prophylaxis have many adverse side effects. No vaccine currently exists to prevent HIV infection, and no treatment exists to cure it. Employees who have an incident must be offered a confidential medical evaluation and follow-up.

7.5 Blood borne illness – Hepatitis C Virus (HCV):

- 7.5.1 Potential Hazard:** Exposure to potentially fatal blood borne illnesses such as Hepatitis C Virus (HCV), which is: A major cause of chronic liver disease.
- 7.5.2 Possible Solutions:** Prevent the exposure in the first place by implementing an effective Exposure Control Plan as required by the Blood borne Pathogens Standard. Employees who have an exposure incident shall be offered a

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confidential medical evaluation and follow-up. A health care professional's written opinion is required after an exposure incident. Needle stick injuries and precautions.

7.6 Needle stick Injuries:

Needle stick injuries account for up to 80 percent of accidental exposures to blood. Nursing staff are most frequently injured.

7.7 Universal Precautions:

An approach to infection control which treats all human blood and other potentially infectious materials as if they were infectious for HIV and HBV or other blood borne pathogens. Exposure to blood borne pathogens because employees are not using Universal Precautions. Kauvery Hospital, Chennai has implemented Universal precautions as their standard treating all blood and other potentially infection materials with appropriate precautions like: Use gloves, masks, and gowns if blood or OPIM exposure is anticipated. Clinical employees are educated about the Universal precautions during induction.

7.8 Needle stick prevention:

7.8.1 Potential Hazard: Exposure to blood and other potentially infectious materials (OPIM) because of: Unsafe needle devices. Improper handling and disposal of needles.

7.8.2 Possible Solutions: Use safer needle devices and needleless devices to decrease needle stick or other sharps exposures. Proper handling and dispose of needles and other sharps

7.8.3 Handling Needles/Sharps: Do not bend, recap, or remove contaminated needles and other sharps unless such an act is required by a specific procedure or has no feasible alternative. Do not shear or break contaminated sharps. Scooping technique is used.

7.8.4 Post follow-up steps – needle stick/sharps injury: Standard recommends if you experienced a needle stick or other sharps injury or were exposed to the blood or other body fluid of a patient during the course of your work, immediately follow these steps: Wash needle sticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, saline, or sterile

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irritants. Report the incident to your supervisor and Infection control nurse.
Immediately seek medical treatment by going to Emergency Department

7.9 Employees health program

Employee's health shall be reviewed at recruitment, including immunization history and previous exposures to communicable diseases and immune status. Serological tests may be recommended to evaluate their immunity/ infection. Pre-employment health checkup is mandatory at Kauvery Hospital, Chennai. Annual health checks are also done for all employees. For employees above the age of 40, ECG is done. All reports are reviewed by the Family Physician and appropriate treatment is provided, as and when required. Staff infected with blood-borne pathogens may be evaluated with respect to their duties, and it is not to be used as cause for discrimination.

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8.0 INTERNATIONAL PATIENT SAFETY GOALS

International Patient Safety Goals (IPSG)*

GOAL 1 Identify Patients Correctly



GOAL 2 Improve Effective Communication

GOAL 3 Improve the Safety of High-Alert Medications



GOAL 4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery

GOAL 5 Reduce the Risk of Health Care-Associated Infections



GOAL 6 Reduce the Risk of Patient Harm Resulting from Falls

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7.1 IP SG 1 – IDENTIFY PATIENT CORRECTLY

1.0 Purpose:

To define a process for identifying patients correctly thereby reducing errors related to incorrect identification of patients.

2.0 Scope:

Hospital wide

3.0 Responsibility

All staff who come in contact with the patient during their care and treatment in the hospital. This includes clinical as well as non- clinical departments and all support services.

4.0 Policy:

Policies and procedures guide the correct identification of all patients at various phases of their stay and care in the hospital

5.0 Definitions:

UHID number– Unique Hospital Identification number is a number that is provided to all patients during their first visit into the Hospital. This number is exclusive to the patient and remains the same for all future visits (OP Consultation, Admission, and Health Check) in Kauvery Hospital, Radial Road

IP number– In-Patient number is newly generated at each admission and stays the same for that admission alone. Therefore, with each new admission the IP number changes but the UHID number remains a constant.

Patients' label – Contains details such as name, UHID, age, sex, ward and bed details and the name of the admitting consultant. This is applied to all records, reports and forms that belong to the patient during one admission.

Patients' ID band – An ID band that is applied to the patients' wrist at the time of admission. It contains details such as Name, UHID, age, sex, ward and bed details and admitting consultant's name. This band is worn by the patient throughout the hospital stay and is only removed once the discharge process is complete by the nurses.

6.0 Procedure

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Patient identification is done at the following times;

- Before the start of a procedure
- Before any investigation
- Before giving any medication
- Before starting transfusions
- Before modifying care plan of patient
- Before prescribing a diet
- Before providing any service

The two accepted identifiers are the **patients' UHID** and their **Name**.

Before any of the above mentioned activities are carried out, the staff in charge of the activity verbally confirms the patients' identity by calling out the patients' name. Once the name is verbally confirmed, the patients' label on the concerned document (medication chart, investigation request, case record, transfer sheet etc.) is checked with the patients' ID Band, which is fastened to the patients' wrist and the UHID number and name is further confirmed.

Two patients with identical names- If two patients are present in a ward with the same name, the patients' initials and age can be used to make the differentiation.

OP patients – For OP patients, verbal confirmation of the patients name is done and the concerned document is checked with the patients' label pasted on the patients requisition slip/bill before carrying out the above mentioned activities.

7.2 IPSC 2 - IMPROVE EFFECTIVE COMMUNICATION

1.0 Purpose

To ensure that the orders and directives that are carried out in a verbal or telephonic manner are clear to the recipient and confirmed by the individual giving the order.

2.0 Scope

Hospital wide

3.0 Definition / Abbreviation

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Critical Result: It indicates those findings (even if from routine tests) which are abnormal and require immediate communication of the results.

Critical Tests: Critical tests are defined as tests or procedures that require processing, performance and communication and interventions even if the results are within the normal limits.

4.0 Responsibility

All the members of Kauvery Hospital, Radial Road

- Team including Medical Director, Consultants, Junior Doctors, Nurses and Paramedical staff.

5.0 Policy

5.1 Verbal orders are to be limited to the barest minimum required for patient safety.

5.2 Verbal orders shall follow the "read back" procedure.

5.3 Situations where verbal order to nurses are allowed:

- Lifesaving situations.
- Serious nature of patient condition such that if medication is not administered, it may lead to permanent harm or even death.
- Antidiabetic Drug orders.

5.4 Situations where verbal order to doctors / nurses are allowed:

Reporting of critical laboratory value and critical tests values

If patient sample testing shows values beyond Critical Laboratory Values and the results of critical tests (even if the values are within normal limits) is reported by the laboratory technician to the patient's physician /Duty Doctor or /Nurse (in case the patient is admitted). In case of outpatients, the information is given to the patient's physician.

5.5 The diabetic orders and the lifesaving drug orders shall be signed by the doctor within 24 hours.

6.0 PROCEDURE:

6.1 For all verbal orders including critical lab values and critical tests, the read back procedure is followed:

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1. For all verbal orders, the receiver of the order shall write down the complete order and then read it back and verify the same from the individual giving the order.
2. If read-back in emergent situations such as a Code in the Emergency Department, in the operating room, ICU or any patient care area would or could jeopardize the care of the patient, a "repeat back" is acceptable.
3. Verbal orders are entered into the patient's medical record with the date, time, name, and titles of the people sending and receiving the order/result, and signed and dated by the individual receiving the order.
4. Only approved abbreviations are used in the documentation of verbal orders.
5. Verbal order is permitted between doctors provided they follow elements included in a verbal medication order such as:
 - Date and time
 - Name of the patient
 - Drug name (brand or generic)
 - Dosage form (e.g., tablets, capsules, injections, inhalants, etc.)
 - Dose, frequency and route
 - Maximum dose in 24 hours if 'prn'

The content of verbal medication orders is clearly communicated.

- The name of the medication is confirmed by spelling, if necessary for clarity.
- In order to avoid confusion with spoken numbers, a dose such as 50 mg is dictated as "fifty milligrams... five zero milligrams" to distinguish from what could be heard as "fifteen milligrams". When writing the verbal order, the dose may be written in numerical format.
- When writing the verbal order, standard approved abbreviations shall be used.

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7.3 IP SG 3- IMPROVE THE SAFETY OF HIGH- ALERT MEDICATIONS

1.0 Purpose:

To define a process for the safe identification, storage, handling, preparation, prescription, dispensing and administration of High-Alert Medications

2.0 Scope:

Hospital wide

3.0 Responsibility:

Consultants, Chief Nursing Officer, Manager- Pharmacy, Clinical Pharmacist, Pharmacist, Nursing Staff.

4.0 Policy:

Procedures exist to ensure the proper identification, storage, handling, prescription, dispensing and administration of high alert medications

5.0 Introduction:

While most medications have a large margin of safety, a small number of drugs have a high risk of causing injury when they are misused. These are called High-alert medications to draw attention to this characteristic so that all involved in their use will treat them with the care and respect that they require. Errors may or may not be more common with these drugs than with the use of any others; however, the consequences of the errors are more devastating. For this reason, special considerations are required. These medications often need to be packaged differently, stored differently, prescribed differently, and administered differently than others.

6.0 Procedure:

6.1 Identification - High alert medications are identified and enumerated. A list of high alert medications that are used in our hospital are circulated to all the patient care areas.

6.2 Storage – Apart from Narcotics, High-Alert medications are stored in separate rack with a label mentioning 'High-Alert Medications'. High-alert medications that require storage in a refrigerator (Insulin and Chemotherapeutic medications) are stored in a refrigerator.

Narcotics –Storage is under double lock and key in a marked 'Narcotics Cupboard'. Both keys are the responsibility of two separate nurses (in wards) and pharmacists (in IP Pharmacy)

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and must be kept hung around the neck at all times. The key tags are bright red and only neck to neck handing over are carried at the time of shift change.

LASA – Look-Alike and Sound-Alike medications are stored physically separate from their counterpart and highlighted with Green colour for Look-alike and Pink colour for Sound alike medications.

6.3 Prescription – Chemotherapeutic drug orders are written by the Oncology Consultant in the drug chart.

6.4 Preparation –The preparation is done as per the MOM Policy for Chemotherapeutic drugs.

6.5 Dispensing - All high-alert medication are labelled with a Red colour Sticker where the type of medication is ticked (eg. Insulin, Heparin etc).

6.6 Administration

- The hospital does not allow any kind of self-administration of medication by the patients.
- All medications are prescribed by the physician in writing and obtained from the hospital pharmacy when indented by the Nurses
- Nurses must double check all High-Alert medications before administration. Double check is defined as:
 - Independently comparing the label and product contents in hand versus the written order
 - Independently verifying any calculations for doses that require preparation
 - Ensuring the accuracy of infusion pump programming for continuous intravenous infusion of medication.
- Whenever administration of High-Alert medication by continuous intravenous infusion is ordered, a second nurse should verify:
 - The 6 rights (right patient, right medication, right dose, right frequency, right route, and right documentation).
 - The intended infusion is going into the intended canal by physically tracing the line from the solution, through the pump and to the insertion site.

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- The infusion pump is programmed at the proper rate

- Any time a patient is transferred between units the nurse transferring patient and the nurse accepting the patient should check continuous Pharmaceutical General Care Administration intravenous infusion of all High-Alert medications at the bedside, the nurse should check for the right patient, right medication, right rate of infusion and right concentration of medication versus the written order.
- All continuous intravenous High-Alert medication infusion should be administered via an Infusion pump.
- The nurse in charge of the patient will administer the medication to the patient after referring the physician's note
- If required, the physician will prescribe medications to the patients during discharge. The patient will be educated on the self-administration of medicine during discharge.
- Patients will be counseled and trained for self-administration of medications such as insulin before they are discharged from the hospital.

7.4 IPSP 4-ENSURE CORRECT SITE, CORRECT PROCEDURE, CORRECT PATIENT SURGERY

1.0 Purpose:

It is to ensure a standardized process that can be followed before the start of any medical or dental surgery, procedure or investigation in an OT setting or otherwise.

2.0 Scope:

Hospital wide.

3.0 Responsibility:

Surgeon, Consultant, Duty doctor, Chief Nursing Officer, Nurses.

4.0 Policy:

Policies and procedures are in place to ensure no errors arise due to incorrect identification of patients, site, procedure or surgery. This includes the instances where this policy/ procedure has to be implemented and a structured manner in which the policy can be implemented.

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5.0 Situations when Safe surgery is implemented:

- Before the start of any surgery (including dental surgeries).
- Before the commencement of any invasive/ non-invasive procedure.
- Before the commencement of any investigation such as CT, MRI, USG, X-ray, biopsy or any other such scan/ investigation.

6.0 Procedure

- **Site marking** – Done before shifting to OT. A verbal confirmation is obtained from the patient on their identity and the site of surgery as explained by the surgical team. Site marking is done with non-erasable marker with an arrow mark indicating the site. Site marking is done for any procedure involving incisions, percutaneous punctures or insertions with respect to laterality (e.g., right/left distinction, like eyes, lungs, kidneys), levels (e.g., spine), or multiple structures (e.g., fingers, toes).
- **Safe Surgery checklist** – A thorough pre-operative assessment by the circulating nurse, surgical team and anaesthetist is carried out to ensure a complication free surgery. Patients' identity, the procedure/ surgery, site are confirmed and the availability and completeness of an informed consent is checked. Other aspects such as allergy, anaesthesia type, difficulty in intubation and blood requirement are also ascertained.

The check list ensures three check points.

1. Before induction
2. Before skin incision
3. Before closure.

7.5 IPSPG 5- REDUCE THE RISK OF HEALTH CARE- ASSOCIATED INFECTIONS

1.0 Purpose:

2.0 To identify, monitor and implement methods to minimize and or prevent Health Care-Associated Infections.

3.0 Scope:

Hospital wide

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4.0 Responsibility

Consultants, Chief Nursing Officer, Nursing Staff, Infectious Diseases Consultant, Hospital Infection Control Committee and Infection Control Team

5.0 Policy:

Policies and procedures guide the implementation of the Hospital Infection Control program that monitors, surveys Health Care-Associated Infections and implements methods to prevent or reduce them.

6.0 Definitions:

HICC– The Hospital Infection Control Committee

ICT – Infection Control Team

7.0 Hospital Infection Control Committee:

Purpose:

An Infection Control Committee provides a forum for multidisciplinary input for Operation, and information sharing to recommend and monitor all Infection Control activities in the Hospital

Frequency of meeting: Once in a Month. As and when required

If the member concerned is not available, a representative from the department may attend the meeting.

Scope and Functions:

- To review and approve a yearly program of activity for surveillance and prevention
- To review epidemiological surveillance data and identify areas for intervention
- To assess and promote improved practice at all levels of the health facility
- To ensure appropriate staff training in infection control and safety to review risks associated with new technologies, and monitor infectious risks of new devices and products, prior to their approval for use
- To review and provide input into investigation of epidemics
- To communicate and Operate with other committees of the hospital with common interests such as Pharmacy and Therapeutics Committee, Safety Committees, and Blood Transfusion Committee.

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- To plan, monitor, evaluate, update, and educate about patient and employee safety on infection control.
- To set general infection control policy / guidelines and to provide input into specific infection control issues.
- To prevent and control nosocomial infections through periodic surveillance of nosocomial infections, evaluation and investigation of infection outbreaks.
- To develop infection control procedures for all departments.
- To identify infection control education needs for doctors, nurses, staff and patients and devise an action plan to educate all staff.

8.0 Procedure:

Monitoring:

The following Hospital Acquired Infections are monitored at Kauvery Hospital, Radial Road

1. Catheter Associated Urinary Tract Infection Rate
2. Ventilator Associated Pneumonia Rate
3. Central Line associated Blood stream infection rate
4. Surgical Site Infection Rate

Data is collected by Infection Control team and consolidated on a monthly basis and submitted to Quality department.

This data is presented to and analysed by the HICC and action is taken accordingly.

Prevention:

The infection control manual clearly defines policies on the following:

S.No	SUMMARY OF STANDARDS
HIC:1	ORGANIZATION WELL – DESIGNED, COMPREHENSIVE AND COORDINATED HOSPITAL INFECTION CONTROL PROGRAM
	• 1(a) – Hospital Infection Control Program
	• 1(b)- Identification of High Risk activities and its infection control management
	• 1(c & d)- Hospital Infection Control Program Review and Updating

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	1(e, f, g, h) – Hospital Infection Control Committee and Team
	ADEQUATE AND APPROPRIATE RESOURCES TO PREVENT AND CONTROL HEALTH CARE ASSOCIATED INFECTION (HAI)
HIC:2	2(a, b)-Resources and Annual Budget for Infection Control Programme 2(c)-PPE – Personal Protective Equipment 2(d) – Hand Hygiene Facilities 2(e) – Isolation / Barrier Nursing Facilities
	Infection Prevention And Control In Clinical Areas
HIC:3	3(a) – Standard Precaution 3(b) – Hand hygiene and practices 3(c) – Transmission – Based Precaution 3(e) – Safe injection and Infusion Practices 3(f, g) – Antibiotic policy and the usage 3(l)-Antibiotic Stewardship Programme
	Infection Prevention and Control Programme in Support Services
HIC:4	4(a) – Environmental Infection Control by Maintenance or Engineering Department 4(b)-Construction and Renovation activities 4(c) –Housekeeping Procedures 4(d)-Bio – Medical Waste Management And Handling 4(e)-Laundry Management &Linen Management 4(f)-Kitchen sanitation and Food – Handling
HIC:5	TO PREVENT AND CONTROL HEALTH CARE ASSOCIATED INFECTION (HAI) IN PATIENTS.
	5(a) – Action to Prevent Urinary Tract Infections 5(b) – Action to prevent Respiratory tract infection 5(c) – Action to Prevent Catheter Associated – Intra Vascular Device Infections 5(d) – Action to Prevent Surgical Site Infections

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HIC:6	SURVEILLANCE ACTIVITIES CAPTURE AND MONITOR INFECTION PREVENTION AND CONTROL DATA
	6(a & b))-Surveillance Activities
	6(c)-Surveillance activity towards High Risk Areas
	6(d)- Surveillance Activities Monitoring the Compliance with Hand Hygiene Guidelines
	6(e)-MDRO -Surveillance
	6(f)-Surveillance Activities Monitoring the Effectiveness of Housekeeping services
	6(g)-Feedback of Hospital Associated Infection to Appropriate personnel
	6(h & I)-Outbreak Surveillance, Corrective & Preventive Action
HIC:7	POLICES AND PROCEDURE FOR STERILIZATION ACTIVITIES IN CSSD UNIT
	7(a)-Adequate space and Appropriate zoning for Sterilization Activities
	7(b)-Documented procedure guides the Cleaning, Packing, Disinfection and / or Sterilization, Storing and Issue of items.
	7(c)-Single use device policy
	7(d)-Regular Validation and Documentation for Sterilization
	7(e)Recall Procedure

Hand wash protocol –

- Kauvery Hospital, Radial Road follows the World Health Organization (WHO) Guidelines on Hand Hygiene in Health Care. Policy on Hand Hygiene in the Infection Control Manual serves as a guide.
- Training is taken for all staff members of our hospital on steps and moments of Hand Hygiene.
- Plenty resources are made available in the form of hand wash areas, hand wash solution and hand rubs in all patient care areas.

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All hand wash areas display the steps on Hand Wash/ Hand Rub.

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

1a



Apply a palmful of the product in a cupped hand, covering all surfaces.

1b



2



Rub hands palm to palm.

3



Right palm over left dorsum with interlaced fingers and vice versa.

4



Palm to palm with fingers interlaced.

5



Backs of fingers to opposing palms with fingers interlocked.

6



Rotational rubbing of left thumb clasped in right palm and vice versa.

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

8



Once dry, your hands are safe.



World Health Organization

Patient Safety

A Commitment to Better Health

SAVE LIVES

Clean Your Hands

Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the handwash (steps 2-7): 15-20 seconds

 Duration of the entire procedure: 40-50 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

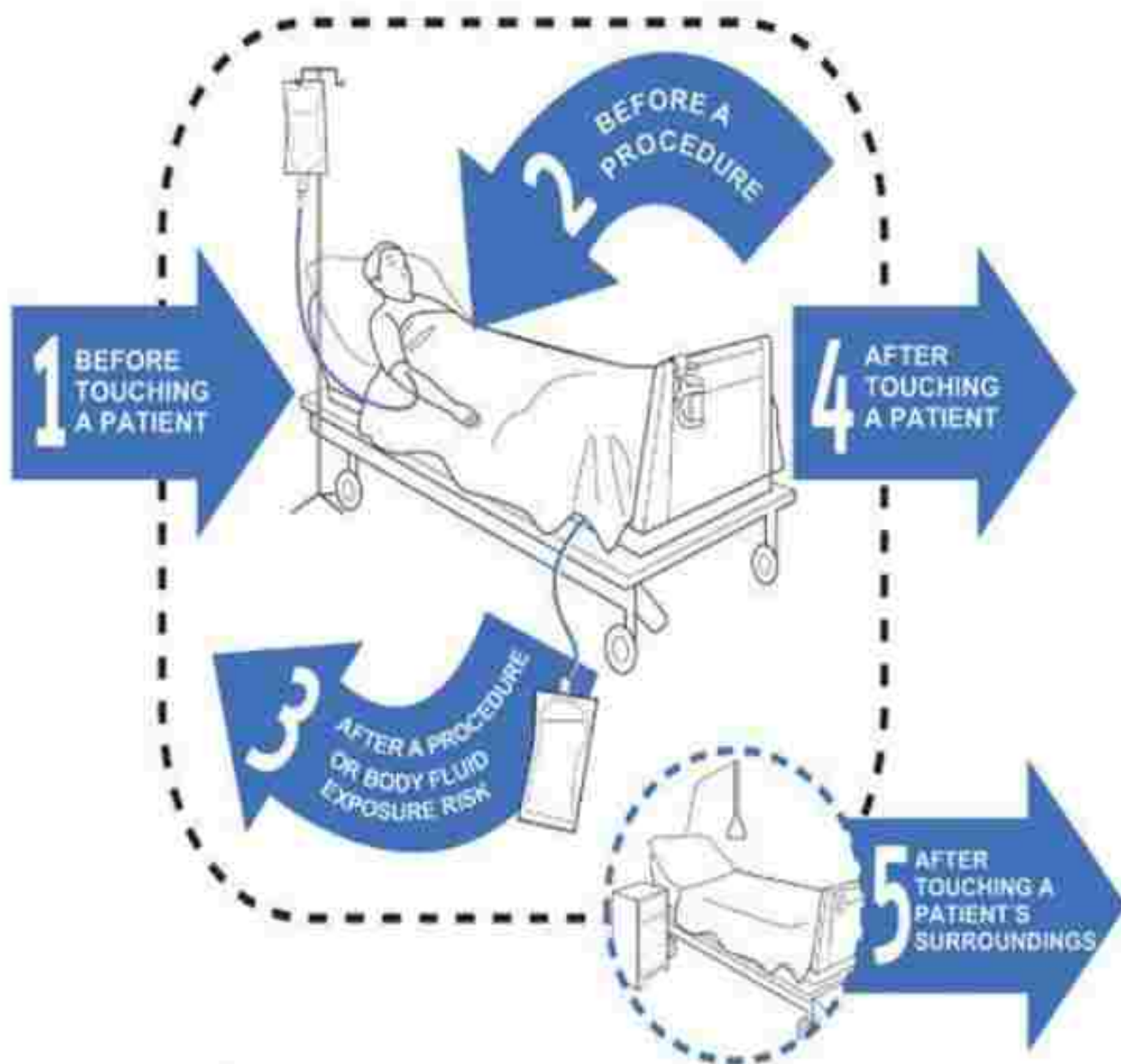
Patient Safety

A commitment to your well-being

SAVE LIVES

Clean Your Hands

Description	Prepared by	Reviewed by	Approved By
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Signature			



Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

7.6 –REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

1.0 Purpose:

To implement a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others. To implement measures to reduce fall risk for those assessed to be at risk.

2.0 Scope:

Hospital wide.

3.0 Responsibility:

Medical Director, GM Operations, Chief Nursing Officer, Nursing Staff, Housekeeping staff.

4.0 Policy:

Policies and procedures are in place to ensure no harm comes to patients resulting from falls. This includes assessment of all patients for risk from fall, reassessment at appropriate intervals, implementing measures to protect patients from fall and education on fall prevention to patients, attendants and health care providers.

5.0 Procedure:

Assessment;

- Fall risk assessment – Is done at the time of admission for all patients and then at every shift.
- Vulnerable patients are identified with Orange ID Band to ensure all members of the health care providing team are made aware of the need for special attention and frequent re-assessment.
- A 'Safety First' board is displayed in areas where vulnerable patients are admitted (such as ER, Labour ward etc.). Depending on the initial assessment, further assessment needs are identified.
- Re-assessment is done for patients if there is a change in hospital setting (from ward to critical care areas), change in condition of the patient or change in treatment (post-op cases).

Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

	HOSPITAL SAFETY MANUAL	Document No	KRR/HSM/01
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Education:

Patients and attendants:

- All patients and attenders, especially those identified to be at risk of having falls are educated on fall safety measures and fall prevention aspects during ward orientation and as and when required.
- They are educated that all and any mobilization to be done with the assistance or under the supervision of a Health care provider (Doctor, nurse, physiotherapist) or an attender.

Staff:

Admissions staff is trained on recognizing vulnerable patients based on set criteria

1. Patients of 16 years and below
2. Patients of 65 years and above
3. Comatose patients
4. Patients unable to perform ADL (Activities of daily living)
 - Limited physical mobility
 - Impaired mental function
 - Impaired communication or language problems
 - Impaired bladder function/ other
 - Impaired vision & hearing
 - Terminally ill/ patients with intense or chronic pain for more than six months
5. Chemotherapeutic patients
6. Fall Risk Assessment score for more than 12

Nurses:

Nurses are trained on implementing the fall risk assessment protocol for all patients, on how to educate patients and their families/ attendant on preventing falls and using safety measures.

IP Secretaries:

Ward secretaries are provided with training to further identify vulnerable patients.

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Signature			

	HOSPITAL SAFETY MANUAL	Document No	KRR/HSM/01
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Other Staff-

All other staff especially transport/ housekeeping are educated on recognising the Orange ID Band as an indication that the patients is vulnerable and requires additional care and attention.

Environmental measures;

- Grab bars, antiskid tiles and call bells installed in rest rooms.
- Frequent visit by nurses for vulnerable patients and 1:1 patient to nurse ratio in critical care areas ensure frequent monitoring of patients.
- Calls bells are provided in all wards to ensure patients' needs are met.
- Safety belts and side rails provided in all stretchers for safe transportation.
- Safety belts provided in all wheelchairs to ensure safe transportation.

8.0 EMERGENCY CODES PROTOCOL: REFER ANNEXURE

9.0 HAZARDOUS WASTE MATRIX

S.No	NAME OF THE WASTE	WASTE GENERATOR	WASTE RECYCLER	REMARKS
1.	Waste oil	Engineering Food and Beverages - Kitchen	- Buy Back Policy - Approved Vendor	Nil
2.	Lead Acid Batteries	Engineering / Security	Buy Back Policy	Nil
3.	Fluorescent Bulb	Hospital Wide	-	Stored Safely
4.	Lead Aprons & Lead Items	Radiology / MRI	Buy Back Policy	Nil
5.	Expired Chemicals	Laboratories	Treated in waste water treatment plant	-
6.	E - Waste	ITD & Bio-Medical Engineering	State pollution certified vendor	-

10.0 ANNEXURE:

1. EMERGENCY CODE PROTOCOL

Description	Prepared by	Reviewed by	Approved By
Designation	Safety Officer	GM Operations	Medical Director
Signature			

NEWSPAPER ADVERTISEMENT

TAMIL

எம்/எஸ்.ஸீ காவேரி மெடிக்கல் கேர் (இந்தியா) லிமிடெட்
 S.F. எண்: 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C, கோவிலம்பக்கம் கிராமம்,
 தாமிரவருணியம், செங்கல்பட்டி மாவட்டம், தமிழ்நாடு - 600 109

பொது அறிவிப்பு

கீழ்க்கண்ட பொதுமக்களுக்கு அறிவிப்பது எம்.எல்.இ.எஸ்.எல்.எல்.
 மாதிரி கட்டுவதில் பாதியில் கட்டுப்பாடு ஆணையம், தமிழ்நாடு
 கமிஷன் எண் SEIAA - TN/F.No.7493/EC/8(a)/783/Amend2021
 தேதி 11.07.2022

எம்/எஸ்.ஸீ காவேரி மெடிக்கல் கேர் (இந்தியா) லிமிடெட்
 'மருமொழியியல் மருத்துவமனை'
 S.F. எண்: 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B & 22/2C,
 கோவிலம்பக்கம் கிராமம், தாமிரவருணியம், செங்கல்பட்டி மாவட்டம்,
 தமிழ்நாடு மாதிரி (இந்தியா)

கீழ்க்கண்ட ஆணையங்கள் நகரங்கள் மாதிரி கட்டுவதில்
 பாதியில் கட்டுப்பாடு ஆணையத்திலும் மற்றும் தமிழ்நாடு மாநில
 கட்டுப்பாடு ஆணையத்திலும் உள்ளது.

நியக்குனர்
எம்/எஸ்.ஸீ காவேரி மெடிக்கல் கேர் (இந்தியா) லிமிடெட்

ENGLISH

M/S SRI KAUVERY MEDICAL CARE (INDIA) LIMITED
 S.F. Nos 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B and 22/2C Kovalambakkam Village,
 Tambaram Taluk, Chengalpattu District, Chennai and TN

PUBLIC NOTICE

This is to inform the Public that by SEIAA, Tamil Nadu has issued
 Environmental Clearance to
M/S SRI KAUVERY MEDICAL CARE (INDIA) LIMITED
 Vide letter No. SEIAA - TN/F.No.7493/EC/8(a)/783/Amend2021
 dated 11.07.2022 for "Proposed Hospital" S.F. Nos 18/2B1A, 18/2B2,
 22/1A1A, 22/2A, 22/2B and 22/2C Kovalambakkam Village,
 Tambaram Taluk, Chengalpattu District, Tamil Nadu State.

The Environmental Clearance issued by SEIAA, Tamil Nadu (State
 Environmental Impact Assessment Authority) is available in the
 official website of SEIAA, TN and Clearance are available with the
 Tamil Nadu Pollution Control Board (TNPCB).

Director
SRI KAUVERY MEDICAL CARE (INDIA) LIMITED

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STRUCTURAL STABILITY CERTIFICATE

Name of work: Plan showing the revised proposal for the change of usage of earlier approved plan from commercial cum residential in to hospital activity and additional construction of ramp with alteration of existing building consisting of extended double basement floor + ground floor+ 8 floors for SRI KAUVERY MEDICAL CARE (INDIA) LIMITED (up to 30m) & 9 to 12 floor administrative (office) in survey nos. 18/281a, 18/282, 22/1a1a, 22/2a, 22/2b & 22/2c at 100feet MMRD, Kovilambakkam village, Tambaram taluk, Chengalpeta district, Chennai - 600129.

Preamble:

1. I hereby certify that the structural design sheet is Done for column, Foundation, Slab and beam.
2. The usage of the building is basement floor + ground floor+ 8 floors.
3. The Super Structure is built on outer 230mm walls and inner 115mm walls.
4. All concrete for RCC members in 2basement floors + ground floor+ 12 floors -M40 concrete.
5. The structural design includes the Earth quake Criteria as per IS: 1893(part 1)-latest revision.

This is to certify that the Structural Design of the proposed construction of residential building at above said site has been DESIGNED on the basis of EARTHQUAKE RESISTANT DESIGN OF STRUCTURES IS 1893 (Part1); 2002 General Provisions & Buildings, with latest declaration of Seismic Zone III, Zone factor 0.16 and according to I.S. Loading standards I.S. - 875 All precautions have been taken as per the CONTENTS OF REPORT FOUNDATION ANALYSIS This Report has recommendations for effect of Seismic Condition for this Soil.



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CALCULATION OF SEISMIC CO-EFFICIENT

Name of city	: Chennai
Type of Building	: Hospital Building
Building Frame System	: Special RC-Moment resisting frame (SMRF)
Fundamental Natural Period (Ts)	: $(0.075) h^{3/4} = 0.655 \text{ sec.}$
Soil conditions	: medium
Zone Factor (Refer Table 2) (Z)	: 0.16 (moderate)
Importance Factor (Refer Table 6) (I)	: 1.2
Response Reduction (Refer Table 7)	: 5.0
Average response acceleration Co-efficient (Sa/g)	: 2.35

EARTH QUAKE ANALYSIS:

Horizontal Seismic Co-efficient (Ah)	$= (Z/2) (1/R) (Sa/g)$ $= (0.16/2) (1.2/5.0) (2.35)$ $= 0.045$
Design value of Ah	= 0.045
Type of Foundation	: Raft foundation


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CALCULATION OF SEISMIC CO-EFFICIENT

Name of city	: Chennai
Type of Building	: Hospital Building
Building Frame System	: Special RC-Moment resisting frame (SMRF)
Fundamental Natural Period (Ts)	: $(0.075) h^{3/4} = 0.655 \text{ sec.}$
Soil conditions	: medium
Zone Factor (Refer Table:2) (Z)	: 0.16 (moderate)
Importance Factor (Refer Table:6) (I)	: 1.2
Response Reduction (Refer Table:7)	: 5.0
Average response acceleration Co-efficient (S_a/g)	: 2.35

EARTH QUAKE ANALYSIS:

Horizontal Seismic Co-efficient (A_h)	$= (Z/2) (1/R) (S_a/g)$ $= (0.16/2) (1.2/5.0) (2.35)$ $= 0.045$
Design value of A_h	$= 0.045$
Type of Foundation	: Raft foundation


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1. GENERAL LOADING CONDITIONS:

a) For Room floors	= 4.0 kN/m ²
b) Stair case	= 4.0 kN/m ²
c) Toilets	= 2.0 kN/m ²
d) Corridor	= 4.0 kN/m ²
e) Terrace	= 2.0 kN/m ²

2. LOADING ON SLABS:

2.1 Loading on Roof slab:

Roof finished with lime concrete terracing	= (0.10)(20) = 2.000kN/m ²
S/W of slab 150mm thick	= (1.25)(25) = 3.750kN/m ²
Dead load	= 5.75kN/m ²
Live load	= 4kN/m ²
Total load on Roof	= 9.75kN/m ²

2.2 Loading on Floor slabs:

Floor finish	= 1.00kN/m ²
S/w of slab 150mm thick	= 3.750kN/m ²
Dead load	= 5.75kN/m ²
Live load	= 4.00kN/m ²
Total load on Roof	= 14.5kN/m ²



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DESIGN:

3.1 COLUMN DESIGN

Grade of Concrete			M 40	
Characteristic Strength of Reinf.		N/mm ²	500	
Width of Column	b	mm	300	
Depth of Column	D	mm	1500	
Unsupported Length of Column	l_u	mm	3000	
Unsupported Length of Column	l_v	mm	3000	
Clear Cover to Reinf.		mm	40	
Diameter of Bar		mm	32	
Load		T		
Moment	M_{ux}	T.m		
Moment	M_{uz}	T.m		
Factored Load	P_u	kN	8009.000	1
Factored Moment	M_{ux}	kN.m	16.000	21
Factored Moment	M_{uz}	kN.m	19.000	1
Effective Length of Column	l_{ex}	mm	3600	1.2
	l_{ez}	mm	3600	1.2
	l_{ex}/D		2.4	0
			<12- Short Column	
	l_{ex}/b		12	0
			<12- Short Column	
Additional Moment due to Slender	M_{ux}	kN.m	0	
Additional Moment due to Slender	M_{uz}	kN.m	0	
Percentage of Reinf.	ρ		5.6	
Gross Area of Cross Section	A_g	mm ²	450000	



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Mux/Mux1 + Muy/Muy1		0.097	<1 OK
Area of Reinforcement	As	mm ²	25200
Minimum no of to be provided			12
No of Bars to be provided	Nos		32
Provide 32 Nos of 32 Diameter			

3.2 FOUNDATION DESIGN

3.2.1 RAFT SLAB DESIGN

Concrete
 Grade:
 Steel:

M40
 Fe 500

BASE SLAB					
Bending moment	Req depth	Total depth	Bar dia.	Clear cover	Effect depth
(Mu)	(D)	(D)			(d)
(kN-m/m)	(mm)	(mm)	(mm)	(mm)	(mm)
Mx (+) = 288.00	438.18	500	16	75	417
Mx (-) = 62.00	203.31	500	12	75	419
My (+) = 315.00	458.26	500	16	75	417
My (-) = 59.00	198.33	500	12	75	419

Width	Mu/bd ²	p _r required	Ast required	S required	S provided	p _r provided	Remarks
(b)							
(mm)		(%)	(mm ² /m)	mm c/c	mm c/c	(%)	
1000	1.656	0.402	1676.34	120	150	0.321	16Y @ 150
1000	0.353	0.170	712.30	159	150	0.180	12Y @ 150
1000	1.812	0.441	1838.97	109	150	0.321	16Y @ 150

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Area of Steel	Tension (Ast)	Compr (Asc)
Percentage	0.848 %	—
Area of Steel	1070 sqmm	

Refer Table 2 SP 16 pg
40

415 KN-m

Tension Reinforcement

Type	Bar dia	Nos	Area of Steel
Layer 1	25 mm	3	1473 sqmm
Layer 2	20 mm	0	0 sqmm
Layer 3	16 mm	0	0 sqmm
Total Steel Provided			1473 sqmm
Provided Steel OK			

1767 sqmm

0.893 %

Compression Reinforcement

Type	Bar dia	Nos	Area of Steel
Layer 1	20 mm	3	
Layer 2	25 mm	0	
Layer 3			
Total Steel Provided			

#VALUE!

Support Reinforcement

Beam is designed as
Singly Reinforced Beam

Area of Steel	Tension (Ast)	Compr (Asc)
Percentage	0.520 %	—
Area of Steel	857 sqmm	

Refer Table 2 SP 16 pg
48

1.78662002592586

0.244098942378102

0.129384234868017

Tension Reinforcement

Type	Bar dia	Nos	Area of

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Type of stirrup	2 legged
Stirrup diameter	8 mm
Spacing	65 c/c

Safe

3.4 TWO WAY SLAB DESIGN

Slab thickness	t	150 mm
Concrete	f _{ck}	30 MPa
Steel	f _y	500 MPa

Sunken Depth	0 mm

Loading

Slab Load

Dead Load	DL	3.750 KN/m
Live Load	LL	4.000 KN/m
Finishes Load	WL	1.000 KN/m
Total Load	W _s	8.750 KN/m
Factored Load	W _{su}	13 KN/m

Sunken Slab Load

Dead Load	DL	3.750 KN/m
Filler Load	FL	0 KN/m
Live Load	LL	3.0 KN/m
Finishes Load	WL	1.0 KN/m
Total Load	W _s	7.75 KN/m
Factored Load	W _{sku}	12 KN/m

Slab Data

Slab Type	Regular
Load	13 KN/m
Longer Span (ly)	6.40 m
Shorter Span (lx)	7.20 m

ly/lx ratio	0.89

Slab type	+

Loading on edges

W _{longer}	27 KN/m
W _{shorter}	32 KN/m

one way

two way

$$= (w \cdot l_x^2 / 2) +$$

(1)

$$(1/3) \cdot (w \cdot l_x^2) \cdot (l_y/l_x)^2$$

$$= w \cdot l_x^2 / 3$$

$$= w \cdot l_x^2 / 2$$



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Moments

Mx 32 KN-m

My 38 KN-m

one way

two way

$\frac{w_x l_x^2}{8}$

$\frac{w_x l_x^2}{8}$

$\frac{w_y l_y^2}{8}$

Thickness Check OK

Deflection 37 mm

$\Delta_{\text{lim}} > \Delta_{\text{max or min}}$

$\frac{5 w l^4}{384 EI}$

Area of Steel	Astx	Asty
	616 sqmm	745 sqmm

Refer Chart
 4 SP 16 pg
 21
 Refer Table
 5-44 SP 16
 pg 51-60

Spacing required in mm

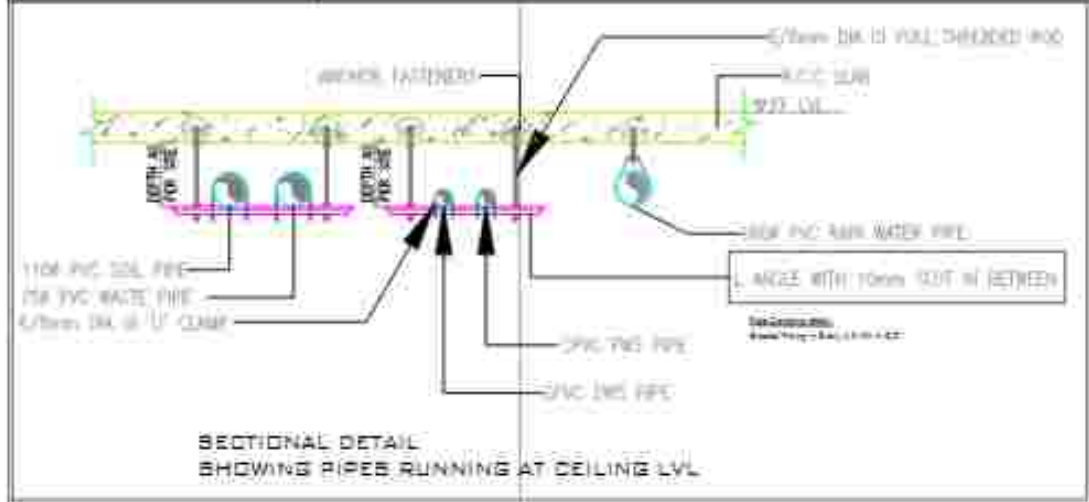
8#		10#		12#		16#	
x	y	x	y	x	y	x	x
82 c/c	67 c/c	128 c/c	105 c/c	184 c/c	152 c/c	327 c/c	270 c/c

$\frac{\text{cost of bar} \times 1000}{\text{req}}$
 req

Final Ast provided	x	y
	10# @ 150c/c	10# @ 125c/c



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AS BUILD DRAWING								
 #7, PSG Govindasamy Nagar, Opp. Kasturba Hospital, Kamarajar Road								
PROJECT	PROPOSED DESIGN FOR M/s KMC - CHENNAI							
CLIENT	SRI KAUVERY MEDICAL CARE (INDIA) LIMITED							
ARCHITECT	Technicals Consultants Private Limited Old No.25, New No. 41, Vasanthi Avenue, MRC Nagar, Raja Annamalai Puram, Chennai, Tamil Nadu 600028 Phone: 044 2493 3278							
MEP CONSULTANTS	 #13/16, MOOGAMBIGAI STREET JAI BALAJI NAGAR, NESAPAKKAM CHENNAI - 600078 EMAIL - esolutions@gmail.com WEB - www.esolutions.com							
DRAWING TITLE:								
2 ND FLOOR WATER SUPPLY LAYOUT								
FLOOR	SCALE	DATE	REV	SHEET				
-	1:300	19.11.2023	RO	4				

CODE RED MOCK DRILL REPORT

DATE:
28/10/2024

TYPE OF DRILL	Code Red (10 th Floor Dialysis)
FACILITATOR	Mr. Saravanan - Fire & Safety Officer
OBSERVER	Ms. Anija Joseph - Sr. Manager
ATTENDEES	Enclosed
NEXT MOCK DRILL DUE ON	Nov -2024
NO OF VARIATIONS OBSERVED	02

DRILL ACTIVITIES:

SCENARIO	ACTIVITIES
A Fire breaks out in the dialysis unit due to an electrical malfunction in bio- medical equipment. Smoke fills the area, and Two patients require immediate evacuation.	13:34 hrs – Staff nurse identified the smoke near patient bedside. "Code Red"- Activated by the Staff Nurse through emergency contact number 6666 13:35 hrs – Code Red announcement given by tele communication. 13:35 hrs – Staff promptly alerted patients and initiated evacuation procedures. 13:36 hrs – Following the incident commander instruction, Two patient safely transferred to 6th floor to continue the dialysis procedure. 13:38 hrs – Security team arrived with fire extinguishers. 13:38 hrs – Fire extinguisher used by Security to put off the Fire. 13:39 hrs- Maintenance team & Bio medical team checked the area and equipment thoroughly. 13:48 hrs: Debriefing given and Code Red Cleared.

OBSERVATIONS:

- BMW trolleys kept in the Ramp side is an obstruction while Evacuating patients
- Medical Gas team shut down the Oxygen supply without Doctors confirmation.

CODE RED MOCK DRILL ACTION TAKEN REPORT:**Date: 28/10/2024**

OBSERVATIONS	ACTION PLAN	STATUS
➤ BMW trolleys kept in the Ramp side is an obstruction while Evacuating patients	Informed to Housekeeping Team to not place the Bins in Ramp Side	Closed
➤ Medical Gas team shut down the Oxygen supply without Doctors confirmation.	In debriefing clearly explained to MGPS team that "Doctors confirmation is required before shutting the Medical Gas line in Floor"	Closed

CODE RED MOCK DRILL CHECK LIST

AREA: 7th Floor

DATE: 27/09/2024

TIME OF DRILL: 4.00 pm

TIME CLEARED: 4.20 pm.

S.NO	Element	Remarks
1	Did the employee know about Code Red and protocol to alert in case of fire?	yes
2	Was the fire alarm audible in the area?	yes
3	Was Code Red paging heard?	yes
4	Did the firefighting team arrive at the scene within 2 minutes?	yes
5	Were the employees aware about the location of nearest fire exits and were the exits clear of obstructions prior to the drill?	yes
6	Were extinguishers reachable, unobstructed and renewed as per scheduled?	yes
7	Did employees check rooms and close door line the corridor? Patients were evacuated safely	yes
8	Did employees in the work area use elevator during the alarm? Patient breathing pattern assessed and managed	No, elevator not used during the alarm.
9	Did the employee know about the closest location of the fire extinguisher?	yes
10	Was the employee able to identify the type of fire extinguisher?	yes
11	Did the employee know about how to use a fire extinguisher and PASS procedure	yes
12	Did the employee know the evacuation plan for that area	yes
13	Did employee know the Assembly area	yes
14	Does the employee know the location of medical gas valves and procedure for shutting them off	yes

CODE RED MOCK DRILL CHECK LIST

15	Did the employee know the use of hydrant system	Yes
16	Were the hydrant systems in the area working properly? In case of patient / employees becoming fire victims, the method of handling them was defined. The method identified was executed appropriately	1) Hydrant System working Properly. 2) Patient evacuated by following Horizontal evacuation.

COMMENT:

- Nursing staff on the floor did not respond to the code.
- Medical Gas connections were not checked.
- Debriefing conducted.

S.NO	NAME OF THE OBSERVER	DESIGNATION & DEPARTMENT	SIGNATURE
1	ANITA JOSEPH	Senior Manager- Quality	Anita
2	Saranam. K	Sr. Executive Safety	SK

Action Plan

- ① Nursing staff to be oriented on responding to Emergency codes.
- ② MGPS staff to check on the Medical gas pipelines

Responsibility

Nursing Team

Medical Gas - Engineering

Anita
ANITA JOSEPH
28/09/2024

INTERNAL TRAINING ATTENDANCE SHEET

Date: 27/09/2024 Time: 4.00pm Duration: 20min Venue: 7th Floor (709)

Topic: Code Red Mockdrill & Debriefing

Target Group: -

Trainer Name: - Training Methodology: Mockdrill

Training Objective: -

S.N	Emp.No	Name	Department	Designation	Signature
1.	120293	SANTHAN	IPD	Asst Manager	[Signature]
2.	12437	G. KANTHARAJ	Engg	Electrician	[Signature]
3.	120543	K. MARIAPPAN	Security	CSO	[Signature]
4.	122024	VENKAT	IPD	Executive	[Signature]
5.	4166	ANTANACHETRAJ	Security		[Signature]
6.	123104	VICTORINATH VILAYANGAR	IT-ops	Sr. Executive	[Signature]
7.	119794	V.R. LAKSHMIDASS	H.K	H.K. EXE	[Signature]
8.	124703	K. DORAI RAJSHA	SECURITY	PSO	[Signature]
9.		S. KODHAI	PHC	SUPERVISOR	[Signature]
10.	128575	S. SAKTHI	H.K	Executive	[Signature]
11.	124501	Sasi prakash	Engg	Manager	[Signature]
12.	776364	Dhanalakshmi	Security		[Signature]
13.	14339	Prasanna	Security		[Signature]
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Trainer Signature: - Remarks (If any): -

**064608****TEST REPORT**

Page 1 of 4

Report No: 24050099.02

Discipline : Chemical

ULR-TC761824000002029F

Report Date: 21/05/2024

Group: Water

CUSTOMER DETAILS

Customer Name & Address:

M/s. Kaveri Hospital,
Kovilambakkam, Chennai.

Customer Reference: NA

SAMPLE DETAILS

Sample Code : 24050099.02
 Sample Name : Water
 Sample Description : Raw Water
 Sample Condition : Good
 Sample Quantity : 5 Ltrs
 Sampled Collected By : CVR Labs
 (Mr.Thulasmani)

Sampled On : 14/05/2024
 Sample Received On : 14/05/2024
 Sampling Location : NA
 Sampling Procedure : NA
 Equipment Used : NA
 Test Started On : 14/05/2024

Customer Code : NA

Test Completed On : 21/05/2024

Environmental Condition: 25°

Environmental Condition: 25

S.no	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff:2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
Table 1 Organoleptic and Physical Parameters						
1	Colour, Max	IS 3025(Part-4)	Hazen	5	5	15
2	Odour	IS 3025(part-5)	-	Agreeable	Agreeable	Agreeable
3	pH Value @ 25°C	IS 3025(Part-11)	-	7.45	6.5 - 8.5	No Relaxation
4	Taste	IS 3025(Part-8)	-	Agreeable	Agreeable	Agreeable
5	Turbidity, Max	IS 3025(Part-10)	NTU	1.50	1	5
6	Total dissolved solids @ 180°C, Max	IS 3025(Part-10)	mg/L	513.7	500	2000
Table 2 General Parameters Concerning substances Undesirable in Excessive Amount						
7	Aluminium (as Al), Max	IS 3025(Part-65)	mg/L	0.017	0.03	0.2
8	Ammonia (as total ammonia-N), Max	IS 3025 (Part 34)	mg/L	BDL(DL:0.1)	0.5	No Relaxation
9	Anionic detergents (as MBAS), Max	Annex K of IS 13428	mg/L	BDL(DL:0.05)	0.2	1.0
10	Barium (as Ba), Max	IS 3025(Part-65)	mg/L	0.135	0.7	No Relaxation
11	Boron (as B), Max	IS 3025(Part-65)	mg/L	0.266	0.5	2.4
12	Calcium (as Ca), Max	IS 3025(Part-40)	mg/L	79.4	75	200

K. Balamurugan
 Verified By

.....CONF.....

For CVR LABS (P) LIMITED

*C. Balamurugan*C. BALAMURUGAN
Authorised Signatory



CVR Labs (P) Limited

CIN NO: U 74140TN1999PTC043582

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TEST REPORT

Report No: 34050099.01

ULR-TC761824000002028F

Report Date: 21/05/2024

S.no	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff 2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
13	Chloramines (as Cl ₂), Max	4500-Cl G APHA 23rd Edition 2017	mg/L	BDL(DL:0.05)	4.0	No Relaxation
14	Chloride (as Cl), Max	IS 3025(Part-32)	mg/L	215	250	1000
15	Copper (as Cu), Max	IS 3025(Part-65)	mg/L	0.016	0.05	1.5
16	Fluoride (as F), Max	4500-F D APHA 23rd Edition 2017	mg/L	0.53	1.0	1.5
17	Free residual Chlorine, Min	IS 3025(Part-26)	mg/L	BDL(DL:0.1)	0.2	1
18	Iron (as Fe), Max	IS 3025(Part-53)	mg/L	BDL(DL:0.02)	1.0	No Relaxation
19	Magnesium (as Mg), Max	IS 3025 (Part-46)	mg/L	64.5	30	100
20	Manganese (as Mn), Max	IS 3025(Part-65)	mg/L	0.050	0.1	0.3
21	Mineral Oil, Max	Clause 6 of IS 3025(Part-39)	mg/L	BDL(DL:0.05)	1.0	No Relaxation
22	Nitrate (as NO ₃), Max	IS 3025(Part-34)	mg/L	0.238	45	No Relaxation
23	Phenolic Compounds (as C ₆ H ₅ OH), Max	IS 3025(Part-43)	mg/L	BDL(DL:0.001)	0.001	0.002
24	Selenium (as Se), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
25	Silver (as Ag), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.1	No Relaxation
26	Sulphate (as SO ₄), Max	IS 3025(Part-24)	mg/L	33.85	200	400
27	Sulphide (as H ₂ S), Max	IS 3025 (Part-29)	mg/L	BDL(DL:0.04)	0.05	No Relaxation
28	Total alkalinity as calcium carbonate, Max	IS 3025(Part-23)	mg/L	460	200	500
29	Total hardness (as CaCO ₃), Max	IS 3025(Part-21)	mg/L	495.0	200	500
30	Zinc (as Zn), Max	IS 3025(Part-65)	mg/L	0.031	5	15
Table 3 Parameters Concerning Toxic Substances						
31	Cadmium (as Cd), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.003	No Relaxation
32	Cyanide (as CN), Max	IS 3025 (Part-27)	mg/L	BDL(DL:0.01)	0.05	No Relaxation
33	Lead (as Pb), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
34	Mercury (as Hg), Max	EPA 200.8	mg/L	BDL(DL:0.0002)	0.001	No Relaxation
35	Molybdenum (as Mo), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.07	No Relaxation
36	Nickel (as Ni), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.02	No Relaxation
37	Polychlorinated biphenyls (PCB), Max	CVR/INS-SOP/OCMS MS/005	mg/L	BDL(DL:0.00001)	0.0005	No Relaxation
38	Polynuclear aromatic hydrocarbons (as PAH), Max	CVR/INS-SOP/OCMS MS/002	mg/L	BDL(DL:0.00001)	0.0001	No Relaxation
39	Total arsenic (as As), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
40	Total Chromium (as Cr), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.05	No Relaxation
41	Uranium (as U), Max	IS 3025 (Part 65)	mg/L	BDL(DL:0.001)	0.03	No Relaxation

K. A. Prakash Kumar
Verified By

.....cont.....

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

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064608

TEST REPORT

Report No: 14050099.01

ULR-TC751824000002028F

Report Date: 21/05/2024

S.no	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff:2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
42	Trihalomethanes:					
	a) Bromoform, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.06	No Relaxation
	b) Dibromochloromethane, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.2	No Relaxation
	c) Bromodichloromethane, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.1	No Relaxation
	d) Chloroform, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.1	No Relaxation

Table 5 Pesticide Residues

43	Alachlor	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.02	No Relaxation
44	Atrazine	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation
45	Aldrin	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00003	No Relaxation
46	Dieldrin	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00003	No Relaxation
47	Alpha HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00001	No Relaxation
48	Beta HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00004	No Relaxation
49	Bulachlor	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.125	No Relaxation
50	Chlorpyrifos	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.03	No Relaxation
51	Delta-HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00004	No Relaxation
52	2,4-Dichlorophenoxyacetic acid	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.03	No Relaxation
53	DDT (o, p and p, p - isomers of DDT, DDE and DDD)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.001	No Relaxation
54	Endosulfen (alpha, beta and sulfate)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.0004	No Relaxation
55	Ethion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.003	No Relaxation
56	Gamma-HCH (Lindane)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation
57	Isoproturon	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.009	No Relaxation
58	Malathion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.190	No Relaxation
59	Methyl Parathion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.0003	No Relaxation
60	Monochrotophos	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.001	No Relaxation
61	Phorate	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation

BDL: Below Detection Limit; DL: Detection Limit.

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks: The above sample complies as per IS: 10500 Amendment No.4-2021 drinking water Specification with respect to the above tested parameters.

K. F. [Signature]
Verified By

***** END OF REPORT *****

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

Unless otherwise specified, the results shown in this report refer only to the sample(s) tested. This report shall not be considered as a guarantee of quality or a warranty. Any comments, queries, or requests for re-analysis should be made within 7 days. Separate report will be issued for non-accredited parameters. CVR Labs (P) Limited is not responsible for any loss or damage to the sample. The report is valid for 7 days from the date of issuance and 30 days for all other samples. The results from regulatory bodies are subject to their own specifications.



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064609

TEST REPORT

Page 4 of 4

Report No: 24050099.02

Discipline: Biological

ULR-TC761824000002029F

Report Date: 22/05/2024

Group: Water

CUSTOMER DETAILS

Customer Name & Address: **M/s. Kaveri Hospital.,**
Kovilambakkam, Chennai.

Customer References: NA

SAMPLE DETAILS

Sample Code : 24050099.02
Sample Name : Water
Sample Description : Raw Water
Sample Condition : Good
Sample Quantity : 100ml
Sampled Collected By : CVR Labs
(Mr.Thulasinani)

Sampled On : 14/05/2024
Sample Received On : 14/05/2024
Sampling Location : -
Sampling Procedure : CVR/MB/SOP/19
Equipment Used : NA
Test Started On : 15/05/2024

Customer Code : NA

Test Completed On : 22/05/2024

Environmental Condition: 26°C

SL.NO	TEST PARAMETER(S)	TEST METHOD	UNIT	RESULTS	SPECIFICATION AS PER IS :10500-2012 Amendment No:4
1	Total Coliform	IS 1622	MPN/100ml	60	Absent /100ml
2	E. coli	IS 1622	MPN/100ml	17	Absent /100ml

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks: The above sample does not comply as per IS: 10500 Amendment/ No-4-2021 drinking water Specification with respect to the above tested parameters.

Verified By
(A.S. SHANU)

***** END OF REPORT *****

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory



Bio Green Lab Services

Govt. Registered (UAN No :TN02A0155256)
An ISO 9001 : 2015 Certified Laboratory

Mobile No. : 99622 30642

94440 07584



REF: BGSL/JUNE-24/CAPL/24-25

JUNE 22, 2024

ANALYSIS REPORT

Client Name	M/S. CLAR AQUA PVT LTD
Client Address	Chennai
Source of Water	STP Treated Water
Sample Mark	M/S. Kaveri Hospital - Kovilambakkam.
Sample Drawn By	Client
Date of Sample Received	18.06.2024
Date of Sample Commenced	19.06.2024
Date of Sample Completed	22.06.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Outlet as per TNPCB	Test Method (APHA 23rd Edition 2017)
01	pH at 25°C	-	7.65	3.5 to 9.0	4500 H ⁺ B
02	Total Suspended Solids	mg/l	2.1	20	2540 D
03	Biological Oxygen Demand (BOD) at 27 °C for 3 days	mg/l	4.0	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	20	50	5220 B
05	Oil & Grease	mg/l	HDL	10	5520 B

HDL: Below Detection Limit

End of Test Report

Authorized Signatory



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REF: BGLS/JULY-296/CAPL/24-25

JULY 23, 2024

ANALYSIS REPORT

Client Name	M/S. CLAR AQUA PVT LTD
Client Address	Chennai.
Source of Water	STP Treated Water
Sample Mark	M/S. Kaveri Hospital - Kovilambakkam.
Sample Drawn By	Client
Date of Sample Received	19.07.2024
Date of Sample Commenced	20.07.2024
Date of Sample Completed	23.07.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Outlet as per TNPCB	Test Method (APHA 23rd Edition 2017)
01	pH at 25°C	-	7.53	5.5 to 9.0	4500 H ⁺ B
02	Total Suspended Solids	mg/l	14	20	2540 D
03	Biological Oxygen Demand (BOD) at 27°C for 3days	mg/l	8.0	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	41	50	5220 B
05	Oil & Grease	mg/l	NDL	10	5520 B

NDL - Below Detection Limit

End of Test Report

Authorized Signatory



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Mobile No. : 99622 30642
94440 07584



REF: BGSL/AUG-348/CAPL/24-25

AUGUST 26, 2024

ANALYSIS REPORT

Client Name	M/S. CLARA AQUA PVT. LTD.
Client Address	Chennai
Source of Water	STP Treated Water
Sample Mark	M/S. Kaveri Hospital - Kovilamakkam.
Sample Taken By	Client
Date of Sample Received	22.08.2024
Date of Sample Commenced	23.08.2024
Date of Sample Completed	26.08.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Effluent as per TNPCB	Test Method (APHA 23rd Edition 2017)
01	pH at 25°C	-	7.45	5.5 to 9.0	4500 H ₂ O
02	Total Suspended Solids	mg/l	12	20	5540 D
03	Biological Oxygen Demand (BOD) at 27 °C for 5 days	mg/l	8.0	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	38	50	5220 B
05	Oil & Grease	mg/l	NDL	10	5520 B

NDL - Below Detection Limit

End of Test Report

Authorized Signatory



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4. Unless informed by the client the samples will not be retained for more than 7 days from the date of issue of this report.

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25230

TEST REPORT

Page 1 of 1

Report No: 24090104.01

Discipline: Chemical

Report Date: 13/09/2024

Group: Water

CUSTOMER DETAILS

Customer Name & Address: **Kauvery Hospital,**
Kovilambakkam, Chennai, -

SAMPLE DETAILS

Sample Code	: 24090104.01	Sampled On	: 10/09/2024
Sample Name	: Raw water	Sample Received On	: 10/09/2024
Sample Description	: Raw water	Sampling Location	: NA
Sample Condition	: Good	Sampling Procedure	: NA
Sample Quantity	: 3 Litre	Equipment Used	: NA
Sample Collected By	: CVR Labs	Test Started On	: 11/09/2024
Customer Code	: NA	Test Completed On	: 13/09/2024

SL.NO	PARAMETER(S)	TEST METHOD	UNIT	RESULTS
1	BOD @ 27°C for 3 days	IS 3025 (Part-44)-1993 (Reaff.2003)	mg/l	117.6
2	COD	IS 3025 Part 58	mg/l	440

For CVR LABS (P) LIMITED

R. PONRASU
Authorised Signatory

***** End of Report *****

13/09/24
(E. LAVANYA)



Bio Green Lab Services

Govt. Registered (UAN No :TN02A0155256)
An ISO 9001 : 2015 Certified Laboratory

Mobile No. : 99622 30642
94440 07584



REF: BGLS/SEPT-110/CAPL/24-25

SEPTEMBER 14, 2024

ANALYSIS REPORT

Client Name	M/S.CLAR AQUA PVT.LTD.
Client Address	Chennai
Source of Water	UF Treated Water
Sample Mark	M/S.Kaveri Hospital - Kovilambakkam.
Sample Drawn By	Client
Date of Sample Received	10.09.2024
Date of Sample Commenced	11.09.2024
Date of Sample Completed	14.09.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Outlet as per TNPCB	Test Method (APHA 23 rd Edition 2017)
01	pH at 25°C	-	7.62	5.5 to 9.0	4500 H ⁺ B
02	Total Suspended Solids	mg/l	BDL	20	2540 D
03	Biological Oxygen Demand (BOD) at 27°C for 3days	mg/l	4.0	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	20	10	5220 D
05	Oil & Grease	mg/l	BDL	10	5520 B

BDL: Below Detection Limit

End of Test Report



Authorized Signatory

Note:

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2. Details as furnished by the client and Samples as supplied by the client.
3. Any clarifications / complaints of the report should be made in writing within 2 days from the date of test report.
4. Unless informed by the client the samples will not be retained for more than 7 days from the date of issue of this report.

Page 1 of 1



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REF: BGLS/SEPT-109/CAPL/24-25

SEPTEMBER 14, 2024

ANALYSIS REPORT

Client Name	M/S. CLAR AQUA PVT LTD
Client Address	Chennai.
Source of Water	STP Treated Water
Sample Mark	M/S. Kaveri Hospital - Kovilambakkam.
Sample Drawn By	Client
Date of Sample Received	10.09.2024
Date of Sample Commenced	11.09.2024
Date of Sample Completed	14.09.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Outlet as per TNPCB	Test Method (APHA 23 rd Edition 2017)
01	pH at 25°C	-	7.58	5.5 to 9.0	4500 H ⁺ B
02	Total Suspended Solids	mg/l	18	20	2540 D
03	Biological Oxygen Demand (BOD) at 27°C for 3days	mg/l	8.5	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	40	50	5220 B
05	Oil & Grease	mg/l	BDL	10	5520 B

BDL: Below Detection Limit

End of Test Report

Authorized Signature



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Page 1 of 1



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94440 07584



REF: BGLS/SEPT-108/CAPL/24-25

SEPTEMBER 14, 2024

ANALYSIS REPORT

Client Name	M/S. CLAR AQUA PVT LTD
Client Address	Chennai
Source of Water	STP Raw Water
Sample Mark	M/S. Kaveri Hospital - Kovilambakkam.
Sample Drawn By	Client
Date of Sample Received	10.09.2024
Date of Sample Commenced	11.09.2024
Date of Sample Completed	14.09.2024

S.No	Parameters	Unit	Results	Tolerance Limits for Treated Outlet as per TNPCB	Test Method (APHA 23 rd Edition 2017)
01	pH at 25°C	-	7.35	5.5 to 9.0	4500 H ⁺ B
02	Total Suspended Solids	mg/l	120	20	2540 D
03	Biological Oxygen Demand (BOD) at 27°C for 3days	mg/l	194	10	5210 C
04	Chemical Oxygen Demand (COD)	mg/l	723	50	5220 B
05	Oil & Grease	mg/l	8.0	10	5520 B

BDL: Below Detection Limit

End of Test Report

Authorized Signatory



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4. Unless informed by the client the samples will not be retained for more than 7 days from the date of issue of this report.

Page 1 of 1



CVR Labs (P) Limited

CIN NO: U 74140TN1999PTC043582

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064600

TEST REPORT

Page 1 of 4

Report No: 24050099.01

Discipline : Chemical

ULR-TC761824000002028F

Report Date: 21/05/2024

Group: Water

CUSTOMER DETAILS

Customer Name & Address: **M/s. Kaveri Hospital,,
Kovilambakkam, Chennai.**

Customer Reference: NA

SAMPLE DETAILS

Sample Code : 24050099.01
Sample Name : Water
Sample Description : Bore Well Water
Sample Condition : Good
Sample Quantity : 5 Ltrs
Sampled Collected By : CVR Labs
(Mr.Thulasinani)

Sampled On : 14/05/2024
Sample Received On : 14/05/2024
Sampling Location : NA
Sampling Procedure : NA
Equipment Used : NA
Test Started On : 14/05/2024

Customer Code : NA
Environmental Condition: 25°C

Test Completed On : 21/05/2024

Environmental Condition: 25 °C

S.No	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff:2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
Table 1 Organoleptic and Physical Parameters						
1	Colour, Max	IS 3025(Part-4)	Hazen	10	5	15
2	Odour	IS 3025(part-5)	-	Agreeable	Agreeable	Agreeable
3	pH Value @ 25°C	IS 3025(Part-11)	-	7.04	6.5 - 8.5	No Relaxation
4	Taste	IS 3025(Part-8)	-	Agreeable	Agreeable	Agreeable
5	Turbidity, Max	IS 3025(Part-10)	NTU	3.5	1	5
6	Total dissolved solids @ 180°C, Max	IS 3025(Part-16)	mg/L	880	500	2000
Table 2 General Parameters Concerning substances Undesirable in Excessive Amount						
7	Aluminium (as Al), Max	IS 3025(Part-65)	mg/L	0.026	0.03	0.2
8	Ammonia (as total ammonia-N), Max	IS 3025 (Part 34)	mg/L	BDL(DL:0.1)	0.5	No Relaxation
9	Anionic detergents (as MBAS), Max	Annex K of IS 13428	mg/L	BDL(DL:0.05)	0.2	1.0
10	Barium (as Ba), Max	IS 3025(Part-65)	mg/L	0.160	0.7	No Relaxation
11	Boron (as B), Max	IS 3025(Part-65)	mg/L	0.240	0.5	2.4
12	Calcium (as Ca), Max	IS 3025(Part-40)	mg/L	92.1	75	200

K. Thulasinani
Verified By

.....conf.....

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory



CVR Labs (P) Limited

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TEST REPORT

Report No: 24050099.02

ULR-TC761824000002029F

Report Date: 21/05/2024

S.no	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff:2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
13	Chloramines (as Cl_2), Max	4500-Cl G APHA 23rd Edition 2017	mg/L	BDL(DL:0.05)	4.0	No Relaxation
14	Chloride (as Cl), Max	IS 3025(Part-32)	mg/L	195.7	250	1000
15	Copper (as Cu), Max	IS 3025(Part-65)	mg/L	0.017	0.05	1.5
16	Fluoride (as F), Max	4500-F D APHA 23rd Edition 2017	mg/L	0.49	1.0	1.5
17	Free residual Chlorine, Min	IS 3025(Part-26)	mg/L	BDL(DL:0.1)	0.2	1
18	Iron (as Fe), Max	IS 3025(Part-53)	mg/L	BDL(DL:0.02)	1.0	No Relaxation
19	Magnesium (as Mg), Max	IS 3025 (Part-46)	mg/L	38.49	30	100
20	Manganese (as Mn), Max	IS 3025(Part-65)	mg/L	0.018	0.1	0.3
21	Mineral Oil, Max	Clause 6 of IS 3025(Part-39)	mg/L	BDL(DL:0.05)	1.0	No Relaxation
22	Nitrate (as NO_3), Max	IS 3025(Part-34)	mg/L	0.417	45	No Relaxation
23	Phenolic Compounds (as $\text{C}_6\text{H}_5\text{OH}$), Max	IS 3025(Part-43)	mg/L	BDL(DL:0.001)	0.001	0.002
24	Selenium (as Se), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
25	Silver (as Ag), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.1	No Relaxation
26	Sulphate (as SO_4), Max	IS 3025(Part-24)	mg/L	19.90	200	400
27	Sulphide (as H_2S), Max	IS 3025 (Part-29)	mg/L	BDL(DL:0.04)	0.05	No Relaxation
28	Total alkalinity as calcium carbonate, Max	IS 3025(Part-23)	mg/L	303.00	200	600
29	Total hardness (as CaCO_3), Max	IS 3025(Part-21)	mg/L	356.4	200	600
30	Zinc (as Zn), Max	IS 3025(Part-65)	mg/L	0.028	5	15

Table 3 Parameters Concerning Toxic Substances

31	Cadmium (as Cd), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.003	No Relaxation
32	Cyanide (as CN), Max	IS 3025 (Part-27)	mg/L	BDL(DL:0.01)	0.05	No Relaxation
33	Lead (as Pb), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
34	Mercury (as Hg), Max	EPA 200.8	mg/L	BDL(DL:0.0002)	0.001	No Relaxation
35	Molybdenum (as Mo), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.07	No Relaxation
36	Nickel (as Ni), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.02	No Relaxation
37	Polychlorinated biphenyls (PCB), Max	CVR/MS/SOP/GCMS MS-005	mg/L	BDL(DL:0.00001)	0.0005	No Relaxation
38	Polynuclear aromatic hydrocarbons (as PAH), Max	CVR/MS/SOP/GCMS MS-002	mg/L	BDL(DL:0.00001)	0.0001	No Relaxation
39	Total arsenic (as As), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.01	No Relaxation
40	Total Chromium (as Cr), Max	IS 3025(Part-65)	mg/L	BDL(DL:0.001)	0.05	No Relaxation
41	Uranium (as U), Max	IS 3025 (Part 65)	mg/L	BDL(DL:0.001)	0.03	No Relaxation

K. S. Balamurugan
Verified By

.....cont.....

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

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064611

TEST REPORT

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Report No: 24050099.02

ULR-TC761824000002029F

Report Date: 21/05/2024

S no	Parameters	Protocol	Unit	Result	SPECIFICATION AS PER IS: 10500 2012 (Reaff:2018) with 4 Amendments 2021	
					Acceptable limit	Permissible limit
42	Trihalomethanes:					
a)	Bromoform, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.06	No Relaxation
b)	Dibromochloromethane, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.2	No Relaxation
c)	Bromodichloromethane, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.1	No Relaxation
d)	Chloroform, Max	CVR/INS/SOP GCMS MS/016	mg/L	BDL(DL:0.025)	0.1	No Relaxation
Table 5 Pesticide Residues						
43	Alachlor	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.02	No Relaxation
44	Atrazine	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation
45	Aldrin	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00003	No Relaxation
46	Dieldrin	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00003	No Relaxation
47	Alpha HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00001	No Relaxation
48	Beta HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00004	No Relaxation
49	Butachlor	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.125	No Relaxation
50	Chlorpyrifos	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.03	No Relaxation
51	Delta -HCH	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.00004	No Relaxation
52	2,4-Dichlorophenoxyacetic acid	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.03	No Relaxation
53	DDT (o, p and p, p- isomers of DDT, DDE and DDD)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.001	No Relaxation
54	Endosulfan (alpha, beta and sulphate)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.0004	No Relaxation
55	Ethion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.003	No Relaxation
56	Gamma- HCH (Lindane)	CVR/INS/SOP GCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation
57	Isoproturon	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.009	No Relaxation
58	Malathion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.190	No Relaxation
59	Methyl Parathion	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.0003	No Relaxation
60	Monochrotophos	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.001	No Relaxation
61	Phorate	CVR/INS/SOP LCMS MS/003	mg/L	BDL(DL:0.00001)	0.002	No Relaxation

BDL: Below Detection Limit; DL: Detection Limit.

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but will may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks: The above sample complies as per IS: 10500 Amendment No.4-2021 drinking water Specification with respect to the above tested parameters.

K. Balasubramanian
Verified By

***** END OF REPORT *****

For CVR LABS (P) LIMITED

C. Balasubramanian
C. BALASUBRAMANIAN
Authorized Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

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064607

TEST REPORT

Report No: 24050099.01

Discipline : Biological

ULR-TC761824000002028F

Report Date: 22/05/2024

Group: Water

CUSTOMER DETAILS

Customer Name & Address:

M/s. Kaveri Hospital.,
Kovilambakkam, Chennai.

Customer Reference: NA

SAMPLE DETAILS

Sample Code : 24050099.01
Sample Name : Water
Sample Description : Bore Well Water
Sample Condition : Good
Sample Quantity : 100ml
Sampled Collected By : CVR Labs
(Mr.Thulasiman)

Sampled On : 14/05/2024
Sample Received On : 14/05/2024
Sampling Location : NA
Sampling Procedure : CVR/MB/SOP/19
Equipment Used : NA
Test Started On : 15/05/2024

Customer Code : NA

Test Completed On : 22/05/2024

Environmental Condition: 26°C

SL.NO	TEST PARAMETER(S)	TEST METHOD	UNIT	RESULTS	SPECIFICATION AS PER IS :10500-2012 Amendment No:4
1	Total Coliform	IS 1622	MPN/100ml	50	Absent /100ml
2	E. coli	IS 1622	MPN/100ml	<2	Absent /100ml

Note:

< 2 MPN/100ml can be taken as "Absent".
MPN - Most Probable Number

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks: The above sample does not complies as per IS: 10500 Amendment No.4-2021 drinking water Specification with respect to the above tested parameters.

Verified By

***** END OF REPORT *****

For CVR LABS (P) LIMITED

C. BALAMURUGAN
Authorised Signatory



CVR Labs (P) Limited

CIN NO: U 74140TN1998PTC043582

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TC-7618

TEST REPORT

Page 1 of 3

Report No : 24080215.01

ULR-TC761824080084172F

Report Date : 27/08/2024

Discipline : Chemical

Group : Water

CUSTOMER DETAILS

Customer Name & Address : **Kaveri Hospital,**
Kovilambakkam, Chennai.

SAMPLE DETAILS

Sample Code	: 24080215.01	Sampled On	: 23/08/2024
Sample Name	: Water	Sample Received On	: 23/08/2024
Sample Description	: RO water	Sampling Location	: NA
Sample Condition	: Good	Sampling Procedure	: CVR/WT/SOP-40
Sample Quantity	: 2 Litres	Equipment Used	: NA
Sampled By	: CVR Labs(Mr. Ponrasu)	Test Started On	: 23/08/2024
Customer Code	: NA	Test Completed On	: 27/08/2024
Environmental Condition	: 25°C		

SL NO	TEST PARAMETER(S)	TEST METHOD	UNIT	RESULTS	SPECIFICATION AS PER IS :10500 - 2012 with amendment No:4	
					Acceptable limit	Permissible limit
1	Appearance	2110 APHA 23rd Edition	-	Agreeable	-	-
2	Carbonate Hardness as CaCO ₃	APHA 23rd Edition 2017	mg/l	3.84	-	-
3	Conductivity@ 25 ° C	IS 3025 Part 14	uS/cm	28.8	-	-
4	Magnesium (as Mg), mg/l, Max	IS 3025 Part 46	mg/l	0.934	30	100
5	pH Value@25°C	IS 3025 Part 11	-	6.55	6.5-8.5	No relaxation
6	Phenolphthalein Alkalinity as CaCO ₃	2320 B APHA 23rd Edition	mg/l	BDL(DL:1.0)	-	-
7	Total Alkalinity as calcium carbonate, mg/l, Max	IS 3025 Part 23	mg/l	6.06	200	600
8	Turbidity, NTU, Max	IS 3035 Part 10	NTU	0.1	1	5
9	Colour, Max	IS 3025 Part 4	Hazen	1	5	15
10	Odour	IS 3025 Part 5	-	Agreeable	Agreeable	Agreeable
11	Taste	IS 3025 Part 8	-	Agreeable	Agreeable	Agreeable
12	Total dissolved solids @ 180° C, mg/l, Max	IS 3025 Part 16	mg/l	16.8	500	2000

---cont---

For CVR LABS (P) LIMITED


T. PONRASU
Authorized Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

Notes: 1. We warrant that the results shown in this report refer only to the sample(s) tested. The report shall not be reproduced except in full without our written consent. Any variations about the report should be communicated within 7 days. 2. Separate report will be issued for non-accredited parameters(s). 3. Symbols such as any other symbol will not use in the report. The tested sample(s) are returned to the customer within 24 hours of the test report. 4. The sample from regulatory bodies are to be returned as specified.



CVR Labs (P) Limited

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TEST REPORT

Page 2 of 3

Report No: 24080215/01

ULR-TC761824000004172F

Report Date: 27/08/2024

SL NO	TEST PARAMETER(S)	TEST METHOD	UNIT	RESULTS	SPECIFICATION AS PER IS :10500 - 2012 with amendment No:4	
					Acceptable limit	Permissible limit
13	Total Hardness (as CaCO ₃), mg/l, Max	IS 3025 Part 21	mg/l	3.54	200	600
14	Non Carbonate Hardness as CaCO ₃	IS 3025 Part 21	mg/l	BDL(DL:1.0)	-	-
15	Calcium (as Ca), mg/l, Max	IS 3025 Part 40	mg/l	BDL(DL:0.5)	75	200
16	Chloride (as Cl), mg/l, Max	IS 3025 Part 32	mg/l	5.95	250	1000
17	Sulphate (as SO ₄), mg/l, Max	IS 3025 Part 24	mg/l	BDL(DL:1.0)	200	400
18	Iron (as Fe), mg/l, Max	IS 3025 Part 53	mg/l	BDL(DL:1.0)	1.0	No relaxation
19	Total Silica as SiO ₂	IS 3025 (Part-35)	mg/l	1.14	-	-

BDL - Below Detection Limit; DL - Detection Limit.

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks:

The above sample Complies as per IS :10500 - 2012 with amendment No:4 drinking water specification with respect to the above tested parameters.

***** End of Report *****

For CVR LABS (P) LIMITED

Authorized Signatory

EG
27/08/24
(E. LAUNYA)

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

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CVR Labs (P) Limited

CIN NO: U 74140TN1999PTC043582

Dignity Centre, II Floor, No. 2/9, Abdul Razack Street,
Saidapet, Chennai - 600 015. ☎ +91 44 2433 0382 to 85
☎ 9444709669 ✉ info@cvrlabs.com 🌐 www.cvrlabs.com



TC-7618

TEST REPORT

Page 3 of 3

Report No: 24080215.01

ULR-TC7618240800004171F

Report Date: 27/08/2024

Discipline: Biological

Group: Water

CUSTOMER DETAILS

Customer Name & Address: **Kaveri Hospital,**
Kovilambakkam, Chennai.

SAMPLE DETAILS

Sample Code: 24080215.01

Sampled On: 23/08/2024

Sample Name: Water

Sample Received On: 23/08/2024

Sample Description: RO water

Sampling Location: NA

Sample Condition: Good

Sampling Procedure: CVR/MB/SOP/19

Sample Quantity: 2 Litres

Equipment Used: NA

Sampled By: CVR Labs(Mr. Ponrasu)

Test Started On: 24/08/2024

Customer Code: NA

Test Completed On: 26/08/2024

Environmental Condition: 25°C

SL NO	TEST PARAMETER(S)	TEST METHOD	UNIT	RESULTS	SPECIFICATION AS PER IS : 10500 - 2012 with amendment No:4
1	Coliform	IS 15185	-	Absent/100ml	Absent/100ml
2	E. coli	IS 15185	-	Absent/100ml	Absent/100ml

Note: It is recommended that the acceptable limit is to be implemented. Values in excess of those mentioned under "acceptable" render the water not suitable, but still may be tolerated in the absence of an alternative source but up to the limits indicated under "permissible" limit in the absence of alternate source above which the source will have to be rejected.

Remarks:

The above sample Complies as per IS : 10500 - 2012 with amendment No:4 drinking water specification with respect to the above tested parameters.

B. Karthiga
27/08/24
(B. KARTHIGA)

***** End of Report *****

For CVR LABS (P) LIMITED

A.S. Shalini
A.S. SHALINI
Authorized Signatory

Laboratory - Accredited By: NABL (TC-7618); Recognized By: BIS, FSSAI, MoEF; Certified By: ISO 9001:2015 & ISO 45001:2018

Unless otherwise stated the results shown in this report refer only to the sample(s) tested. The report shall not be reproduced except in full without our written approval. The compliance about the report should be ascertained within 7 days. Separate report will be issue for non-accredited parameters. Amend such as any other symbol will not use in the report. The second sampling are required 7 days (in case of perishable items) and 30 days for solid samples. The sample from regulatory bodies are to be retained as specified.



Kauvery Hospital

Radial Road

No 2473, Radial Road, Kovilambakkam, Chennai - 600 129

Work Order

GST No : 33AABCK2115E1ZV

To : S-Team Cleaners

No 1/161, Old No 2/199, Vinayagar Nagar, Kattabomman
Chennai, Tamil Nadu, INDIA, Phone- 7305870950

GST No: 33APHPM4690N1ZD

WO No : WOKM24000116

WO Date : 05/07/2024

Currency : INR

QN No. : STC/55/2023

QN Date : 30/11/2023

Department : Engineering and maintenance

Service : SERVICE
Category :

We are pleased to release our work / service order as below

Sl.No	Description	From	To	UOM	Qty	Rate	Tax %	Discount	Amount
1	Tank Cleaning for Under Ground STP UF and Flush Tank -2 Nos			Nos	1.00	6,000.00	18.00	0.00	7,080.00
2	Tank Cleaning for Under Ground Drainage Chamber and bar screen pit - 10Nos			Nos	1.00	6,000.00	18.00	0.00	9,440.00
3	Tank Cleaning for Under Ground Bottom Wastage and sludges Disposal Outside			Nos	1.00	3,000.00	18.00	0.00	3,540.00

Total Amount	17,000.00
Discount Amount	0.00
Tax Amount	3,080.00
Other Charges	0.00
Round off	0.00
Total WO Amount	20,060.00

Twenty thousand sixty rupees only

Terms & conditions :

Payment Term	Payment %	Payment Days
Against Completion of work	100 %	15 Days

Work Instruction

Tank Cleaning for the Month of June-2024

Work Location/ Area of Application

Kovilambakkam

Work Completion Date

15/07/2024

Scope Includes Supply of Required Materials

Yes

Insurance Coverage for Workers

Not Required

Performance Guarantee Period in Months

0

Prepared by
BakyaarajVerified by
Gnanakumar GApproved By
Karthik R



Kauvery Hospital

Radial Road

No.2473, Radial Road, Kovilambakkam, Chennai - 600 129

Work Order

GST No : 33AABCK2115E1ZV

To : S-Team Cleaners

No 1/161, Old No 2/199, Vinayagar Nagar, Kattabomman
Chennai, Tamil Nadu, INDIA, Phone- 7305870950

GST No: 33APHPM4690N1ZD

WO No : WOKM24000184

WO Date : 10/09/2024

Currency : INR

QN No. : STC/55/2023

QN Date : 30/11/2023

Department : Engineering and maintenance

Service : SERVICE

Category :

We are pleased to release our work / service order as below

Sl.No	Description	From	To	UOM	Qty	Rate	Tax %	Discount	Amount
1	Tank Cleaning for Under Ground STP UF and Flush Tank -2 Nos			Nos	1.00	6,000.00	18.00	0.00	7,080.00
2	Tank Cleaning for Under Ground Drainage			Nos	1.00	6,000.00	18.00	0.00	7,080.00
3	Tank Cleaning for Under Ground Bottom			Nos	1.00	3,000.00	18.00	0.00	3,540.00

Total Amount	17,000.00
Discount Amount	0.00
Tax Amount	3,080.00
Other Charges	0.00
Round off	0.00
Total WO Amount	20,060.00

Twenty thousand sixty rupees only

Terms & conditions :

Payment Term	Payment %	Payment Days	Work Completion Date
Against Completion of work	100 %	15 Days	20/09/2024
Work Instruction			Scope Includes Supply of Required Materials
Tank Cleaning for the Month of August-2024			Yes
Work Location/ Area of Application			Insurance Coverage for Workers
Kovilambakkam-Hospital			Not Required
			Performance Guarantee Period in Months
			0
Prepared by	Verified by	Approved By	
Bakyaaraj	Gnanakumar G	Kaarthik R	

Annexure-31

REFLECTIONS (Channel Partner - WIPRO Lighting)

Proforma Invoice

Invoice No.: P1016R/22-23		10.11.2022
To Sri Kavery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet, Chennai - 600 018		
Your Order No: SRMC/KVBM/JP/MEP/27		Date: 03.11.2022
Depd.from : To : Through : Consignee ST/CST No. : Consignee GST : 33AABX8115E1ZY Barcodes :	To Pay / Paid Rs. : GST No: 33AFNP98110012Q TIN : 30671522235 CST NO : 813538 Dt:24.04.2003	
	Particulars	Amount
	Total PO Value (Basic Amount) as per your PO No SRMC/KVBM/JP/MEP/27	3,984,752.00
	50% advance against PO	1,992,376.00
	Output CGST @ 9%	179,313.84
	Output SGST @ 9%	179,313.84
	Round off	0.32
INR Twenty Three Lakhs Fifty One Thousand Four Only		2,351,004.00
For REFLECTIONS:  Authorised Signatory		

Approved to provide
Advance 50% of PO
for the date
03.11.22
(Sri Kavery)

File No. - 45 & 5, Second Floor, Anna Nagar, Kottakam (M) Chennai - 600 080

E-mail: info@reflectionsindia.co web: www.reflectionsindia.co Phone: 044-4591100 / 4



(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No.		Dated	
		1593/22-23		6-Mar-23	
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note		Mode/Terms of Payment	
		48176			
		Buyer's Order No.		Dated	
		SKMC/KVBM/P/MEP/27		3-Nov-22	
		Dispatch Doc No.		Delivery Note Date	
				6-Mar-23	
		Dispatched through		Destination	
		Terms of Delivery			
		Kovilambam			
		Tambaram			

	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	CRCO24R030HP57G2KH <i>30W 2X2 Kombal RM</i>	940511	20 Nos	1,345.00	Nos		26,900.00
2	GPSK-239-GTECH <i>Super Wile 1mtr Kombal</i>	940540	40 Nos				26,900.00
OUTPUT CGST @ 9%							2,421.00
OUTPUT SGST @ 9%							2,421.00
Total			60 Nos				In ₹ 31,742.00

E & O.E

Amount Chargeable (in words)

Indian Rupees Thirty One Thousand Seven Hundred Forty Two Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940511	26,900.00	9%	2,421.00	9%	2,421.00	4,842.00
940540		9%		9%		
Total			2,421.00		2,421.00	4,842.00

Tax Amount (in words) : **Indian Rupees Four Thousand Eight Hundred Forty Two Only**

Company's PAN : AFNPM9310B

Deduction :

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 550361000042748

Branch & IFS Code : T.Nagar & UBIN0904951

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.89&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45538185/86 GSTIN/UIN 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33	Invoice No.	Dated
	1580/22-23	1-Mar-23
	Delivery Note	Mode/Terms of Payment
	48-148	
	Buyer's Order No.	Dated
SKMC/KVBM/P/MEP/27	3-Nov-22	
Dispatch Doc No.	Delivery Note Date	
	1-Mar-23	
Dispatched through	Destination	
Terms of Delivery Kovilambam Tambaram		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LM23OR-621-XX57-XW Orbit Ring C600-35W 57k white	940511	9 Nos	5,497.00	Nos		58,473.00
	OUTPUT CGST @ 9%				9 %		5,262.57
	OUTPUT SGST @ 9%				9 %		5,262.57
	Less: Round Off						(-).0.14
	Total		9 Nos				₹ 68,998.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Sixty Eight Thousand Nine Hundred Ninety Eight Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940511	58,473.00	9%	5,262.57	9%	5,262.57	10,525.14
Total	58,473.00		5,262.57		5,262.57	10,525.14

Tax Amount (in words) Indian Rupees Ten Thousand Five Hundred Twenty Five and Fourteen paise Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042748

Branch & IFS Code : T.Nagar & UBIN0904921

for REFLECTIONS

Authorised Signatory

This is a Computer Generated Invoice

(ORIGINAL FOR RECIPIENT)

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LE23-251-XXX-57-XX Imports	940510	23 Nos	1,500.00	Nos		35,800.00
	OUTPUT CGST @ 9%				9 %		3,312.00
	OUTPUT SGST @ 9%				9 %		3,312.00
	Total		23 Nos				INR 43,424.00

F&OE

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	36,600.00	9%	3,312.00	9%	3,312.00	6,624.00
Total	36,600.00		3,312.00		3,312.00	6,624.00

Entrepreneur Signatory

This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos 65&70, 2nd Link Street, Nehru Nagar, Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45556105/06 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in	Invoice No.	Dated
	1534/22-23	20-Feb-23
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33	Delivery Note	Mode/Terms of Payment
	48099	
	Buyer's Order No.	Dated
	SKMC/KVBM/P/MEP/27	3-Nov-22
	Dispatch Doc No.	Delivery Note Date
		20-Feb-23
	Dispatched through	Destination
Terms of Delivery A/c Kovilambakkam Tambaram		

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombal RM	940511	31 Nos	1,345.00	Nos		41,695.00
2	GPSK-239-GTECH Susp wire tmtr Kombal	940540	62 Nos				
3	LD06-301XXX-57SMG1 24W Mollis	940510	20 Nos	850.00	Nos		17,000.00
4	LL20-541-XXX-65-AL2 40w Surface Mounted Ballen	940511	30 Nos	550.00	Nos		16,500.00
5	LM34-251-XXX-57-WG2L Azon Four Foot - 20W Mollis body 5700K	940510	27 Nos	2,525.00	Nos		68,175.00
6	LM23OR-621-XX57-XW Orbit Ring D620-35W 57k white	940511	1 Nos	6,497.00	Nos		6,497.00
							1,49,867.00
OUTPUT CGST @ 9%					9 %		13,488.03
OUTPUT SGST @ 9%					9 %		13,488.03

continued...

This is a Computer Generated Invoice

(ORIGINAL FOR RECIPIENT)

State Name : Tamil Nadu, Code : 33

A/c Kovilambakkam
Tambaram

Destination

for REFLECTIONS
G. J. [Signature]
Authorised Signatory

This is a Computer Generated Invoice

A. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 841. 842. 843. 844. 845. 846. 8

Tax Invoice

REFLECTIONS Plot Nos. 69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschennai.in		Invoice No. 1328/22-23	Dated 7-Jan-23
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN: 33AABCK8115E1ZY State Name: Tamil Nadu, Code: 33		Delivery Note 47809	Mode/Terms of Payment
		Buyer's Order No. SKMC/KVBM/P/MEP/27	Dated 3-Nov-22
		Dispatch Doc No.	Delivery Note Date 7-Jan-23
		Dispatched through	Destination
Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tamparam			

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LW07-141-XXX-57-G1 BULK HEAD	940510	40 Nos	599.00	Nos		23,960.00
	OUTPUT CGST @ 9%			9 %			2,156.40
	OUTPUT SGST @ 9%			9 %			2,156.40
	Round Off						0.20
Total			40 Nos				₹ 28,273.00

Amount Chargeable (in words) E. & O.E

Indian Rupees Twenty Eight Thousand Two Hundred Seventy Three Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	23,960.00	9%	2,156.40	9%	2,156.40	4,312.80
Total	23,960.00		2,156.40		2,156.40	4,312.80

Tax Amount (in words) **Indian Rupees Four Thousand Three Hundred Twelve and Eighty paise Only**

Company's PAN: AFNPM9310B Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct	Company's Bank Details Bank Name: Union Bank of India A/c No: 560361000042748 Branch & IFS Code: T.Nagar & UBIN0904911	for REFLECTIONS  Authorized Signatory

This is a Computer Generated Invoice

SRI KAUVERY MEDICAL CARE (INDIA) LTD
 (IN) (C) (M) (S)

SECURITY INVOICE

S.No: **3702** Date: **07/01/2023**

Time In: **16:00** Time Out: **16:58**

Vehicle No: **7nl-09-Bc-4658**

Signature: 

(ORIGINAL FOR RECIPIENT)

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombal RM	940511	40 Nos	1,345.00	Nos		53,800.00
2	GPSK-23S GTECH Swamp wire 1mtr Kombal	940540	80 Nos				53,800.00
					9 %		4,842.00
					9 %		4,842.00
	OUTPUT CGST @ 9%						
	OUTPUT SGST @ 9%						
	Total		120 Nos				₹ 63,484.00

Amount Chargeable (in words)
Indian Rupees Sixty Three Thousand Four Hundred Eighty Four Only

HSN/SAC		Taxable Value	Central Tax		State Tax		Total Tax Amount
			Rate	Amount	Rate	Amount	
940511		53,800.00	9%	4,842.00	9%	4,842.00	9,684.00
940540			9%		9%		
Total		53,800.00		4,842.00		4,842.00	9,684.00

Tax Amount (in words) Indian Rupees Nine Thousand Six Hundred Eighty Four Only

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

Bank Name	Union Bank of India
A/c No.	560351000042748
Branch & IFS Code	T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signature _____

This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45556165/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AA8CK8115E1ZY State Name : Tamil Nadu, Code : 33	Invoice No.	20-Jan-23
	1383/22-23	
	Delivery Note	Mode/Terms of Payment
	47905	
	Buyer's Order No.	Dated
	SKMC/KVBM//P/MEP/27	3-Nov-22
Dispatch Doc No.	Delivery Note Date	
	20-Jan-23	
Dispatched through	Destination	
Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LL20-281-XXX-65AL5 20W Trim LED battery	940511	100 Nos	400.00	Nos		40,000.00
	OUTPUT CGST @ 9%				9 %		3,600.00
	OUTPUT SGST @ 9%				9 %		3,600.00
Total			100 Nos				₹ 47,200.00

Amount Chargeable (in words)

Indian Rupees Forty Seven Thousand Two Hundred Only

HSN/SAC	Taxable Value		Central Tax		State Tax		Total
	Rate	Amount	Rate	Amount	Rate	Amount	Tax Amount
940511	9%	3,600.00	9%	3,600.00	9%	3,600.00	7,200.00
Total		40,000.00		3,600.00		3,600.00	7,200.00

Tax Amount (in words) Indian Rupees Seven Thousand Two Hundred Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042748

Branch & IFS Code : T.Nagar & UBIN0504911

for REFLECTIONS

C. J. J.
 Authorised Signatory

SRI KAUVERY MEDICAL CARE (INDIA) LTD. This is a computer Generated Invoice

SECURITY STAMP

S.No: 3847 DATE: 20/01/23

Time In: 12:00 Time Out: 12:00

Yr: 2023 Mo: 01 Day: 20

SECURITY SIGNATURE: *[Signature]*

A. V. Jeyaraj
 Kauvery

[Signature]

ORIGINAL FOR RECIPIENT

This is a Computer Generated Invoice

A. V. Kumbhar
14/04/2023

Ref:

SH KAUVERY MEDICAL CARE (INDIA) LTD.					
Old No. 27A, New No. 8A, Murugan's Gate Road, Alwarpet, Chennai - 600 019					
GST No: 33AAKCE1561ZV PAN No: AAKCE111E					
PURCHASE ORDER					
To: M/s. REFLECTIONS: Plot No. 109 & 110, 2nd Line Seaver, Nidra Nagar, Kotturukkari (OSM), Chennai - 600 043 E-mail: accounts@reflectionschennai.in Contact person: Mr. Murugan Contact No: +91 96400 14445 GST No: 33A/NFM3310812Q PAN No: APMFT65112P			PROJECT: KVM/AMBUKAM CHINNAM ORDER NUMBER: KVM/AMBUKAM/PMF/22-And AND ORDER DATE: 03/11/2023 ORDER DATE: 03/11/2022 PR Ref No: KVM/AMBUKAM - Lds-And QUOTE DATE: -		
Dear Sir/Madam, With reference to your order and discussion, we are pleased to confirm our work order for the following material supply/service subject to Terms & Conditions mentioned below/attached with the order.					
WORK:	Supply of Light Fixtures				
S.No.	DESCRIPTION	QTY	UNIT	RATE	AMOUNT
1	Supply of light fittings as per Attachment A	1	LC	2574372	25,74,372
Total Amount (Without Tax)					25,74,372
GST @ 18%					4,63,387
Grand Total Amount					30,37,759
Amount in Words: Rupees Forty Six Lakhs Eighty Nine Thousand Seven Hundred and Fifty Only					
Terms And Conditions: Payment schedule: 50% Advance along with Purchase order 50% against Delivery on Proforma Invoice 5% after complete supply of light fitting. Communication Address: Delivery Address: Sri Kauvery Medical Care (India) Ltd, Survey numbers 16/2B1A, 16/2B2, 21/1A1A, 22/2A, 22/2B and 22/2C abutting 200 Ft. MMET Road, Kotturukkari Village, Taramani Taluk, Chengalpattu District - 600117 Billing Address: Sri Kauvery Medical Care (India) Ltd, Old No. 27A, New No. 8A, Murugan's Gate Road, Alwarpet, Chennai - 600 019 Contract Type: Purchase order Delivery: As per the schedule as requested Warranty: 5 years product warranty for all fittings. Other Terms and Conditions: as per Agreement attached.					
Notes: - Kindly acknowledge the receipt of this order and return the accepted PO/WR within 7 days. Non receipt of acceptance / comments will mean that PO/WR along with all terms and conditions would be deemed to have been accepted. - All invoices attached are forming the part of this order. - Order number reference shall be mentioned on invoices and all documents. - Documents supporting the delivery of material/services shall accompany along with the invoice.					
FOR KAUVERY					
Preparation	Verification				Approved
					
Purchase	Senior manager - Material & Purchase		Group Head Purchase		Executive Director - Purchase & Projects

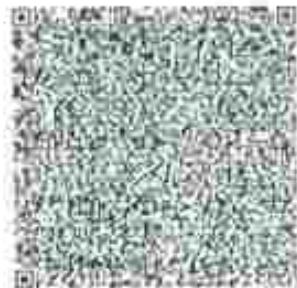
Annexure A Bill of Quantities							
S.No	Item	Location	Model no	Unit	Actual Qty	Rate	Amount
1	2x2 - 30w	Grid ceiling in all floors	CSC03468330W5712281	Pce	241	1345	324,045
2	Downlight - 20w	Common office, Corridor, toilet etc.,	(DOW 221-400-57-30)	Pce	2812	640	1,803,680
			(DOW 121-423-57-30)	Pce	194	595	1,15,330
	Downlight - 30w						
	Cell Ceiling Downlight						
3	Surface mounted downlight - 20W	Entrance	(DOW 301300-57SHQ1)	Pce	80	830	66,400
4	Separated Circular decorative - 300 mm dia	Coffee tea & lobby	(A13081021-4337-3W)	Pce	10	8497	84,970
5	Surface - 4ft Surface - 20W	AT&T, Reception & lobby	(J20,541-330-62A1)	Pce	122	330	40,260
6	Suspended - 4ft Surface - 36W	IT lobby	(A34-251-30057WQ25-Y Superflex)	Pce	57	2525	1,43,925
			(A34-411-300-57WQ25-Y A3447)	Pce	2	4150	-
7	Corridor light - Rope light internal	Decorative edge light		Meter	315	180	56,700
8	Bathroom light	Off pH & Terrace		Pce	147	599	88,053
9	Surface - 4ft Surface - 36W	Reception floor	(J20,261-330-62A1)	Pce	358	495	1,77,610
10	Surface - 4ft Surface - 36W (P65)	Wing area	(J21,251-495-57-30)	Pce	192	1400	2,68,800
	External						
11	Street light - 50W	Light poles	(U06,217-200-57-50)	Pce		1800	
12	Up Down - Decorative - IP65 - 10W	Compound wall	(D9131777)	Pce	65	1750	1,13,750
13	Strip light, Profile light - IP65	Compound wall - Handker box		Meter		150	
14	Hand light	Terrace		Pce		1700	
	TOTAL - A						32,17,193
	GST						5,79,082
	TOTAL INCLUDING TAX						37,96,275
Additional Items							
1	Square light fittings for cell ceiling	Cell ceilings in all floors		Pce	390	480	1,87,200
2	Street light - 50W instead of 20W	External area		Pce	27	2200	59,400
3	Street light - 150W	Transformer post	(J102,182-000-57LC-O2)	Pce	2	8250	16,500
4	Off lobby street light 20W	Off lobby	(A34,251-300-57WQ25-Y)	Pce	30	2525	1,26,750
5	Reception lobby focus light - 9W	Ground floor Reception lobby		Pce	20	600	12,000
6	Aluminum rim round panel - 16W	Aluminum rim round panel - 16W		Pce	66	509	33,594
7	Track light	Track light for reception		Pce	4	700	2,800
8	Tracks for light fittings	Track and any wire		Meter	8	2000	16,000
9	Reception lobby downlight - 30W	Ground floor Reception lobby		Pce	20	1100	22,000
10	Wing designer light	Colonnade and wing area		Pce	20	3300	66,000
11	Complex lights - 120 W	Complex lights - 120 W	(J120,132-040-57-XX)	Pce	37	5200	1,92,400
12	Color changing round light	Balcony area		Pce	2	725	1,450
	TOTAL ADDITIONAL ITEMS - B						7,57,250
	GST						1,36,303
	TOTAL INCLUDING TAX						8,93,553
	TOTAL - (A+B)						39,74,373
	GST						7,18,387
	TOTAL INCL TAX						46,92,760



Tax Invoice

e-Invoice

IRN : 6607d17a43e00a32adc718425a0a8f0f8d5155fc5cdc0f98-44a358aa87d59225
 Ack No. : 152314730626837
 Ack Date : 27-May-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN : 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Kovilambakkam Chennai - 600117 State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33	Invoice No.	Dated
	230207	27-May-23
	Delivery Note	Mode/Terms of Payment
	48706	
	Reference No. & Date.	Other References
	Buyer's Order No.	Dated
	SKMC/KVBM/P/MEPI27	3-Nov-22
	Dispatch Doc No.	Delivery Note Date
	Dispatched through	Destination
Terms of Delivery		

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 16W Molic downlighter	940510	82 Nos	640.00	Nos		52,480.00
						9 %	4,723.20
						9 %	4,723.20
	Less :						(-10.40)
	Total		82 Nos				₹ 61,926.00

Amount Chargeable (in words)

Indian Rupees Sixty One Thousand Nine Hundred Twenty Six Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	52,480.00	9%	4,723.20	9%	4,723.20	9,446.40
Total	52,480.00		4,723.20		4,723.20	9,446.40

Tax Amount (in words) : Indian Rupees Nine Thousand Four Hundred Forty Six and Forty paise Only

Company's PAN : AFNPM9310B		Company's Bank Details	
		Bank Name : Union Bank of India	
		A/c No. : 580361000042748	
		Branch & IFS Code : T.Nagar & UBIN0904911	

Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct
 RCM - No

for REFLECTIONS

 Authorized Signatory

This is a Computer Generated Invoice

A.V. Jithu 2

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

IRN : 5957d30b364d049c8fbb44afbc1cd2ddb36f3237e71aa32-9f2348190352e781c
 Ack No. : 15231465889645
 Ack Date : 18-May-23



REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
 Kottivakkam(OMR), Chennai - 600041
 Ph No. 044-45558185/86
 GSTIN/UIN: 33AFNPM9310B1ZQ
 State Name : Tamil Nadu, Code : 33
 E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
 Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
 Kovilambakkam
 Chennai
 600117

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
 Old No.17/A, New No.8A
 Murray's Gate Road
 Alwarpet
 Chennai - 600 018

GSTIN/UIN : 33AABCK8115E12Y

State Name : Tamil Nadu, Code : 33

Invoice No.

230181

Delivery Note

48664

Reference No. & Date.

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

18-May-23

Mode/Terms of Payment

Other References

Dated

3-Nov-22

Delivery Note Date

18-May-23

Destination

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LE23-251-XXX-57-XX Imperia	940510	47 Nos	1,600.00	Nos		75,200.00
	OUTPUT CGST @ 9%				9 %		6,768.00
	OUTPUT SGST @ 9%				9 %		6,768.00
	Total		47 Nos				₹ 88,736.00

Amount Chargeable (in words)

Indian Rupees Eighty Eight Thousand Seven Hundred Thirty Six Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	75,200.00	9%	6,768.00	9%	6,768.00	13,536.00
Total	75,200.00		6,768.00		6,768.00	13,536.00

Tax Amount (in words) : Indian Rupees Thirteen Thousand Five Hundred Thirty Six Only

Company's PAN : AFNPM9310B

Declaration

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

RCM - No.

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 500361000042745

Branch & IFS Code : T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

IRN : 3a4d80c850d5224d0835ba5ab70018e74b0cd60294a20d-
1679f49ef1cff3e0a8
Ack No : 152314771764796
Ack Date : 1-Jun-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45550185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22 Kovilambakkam Chennai 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No.	Dated				
		230230	1-Jun-23				
		Delivery Note	Mode/Terms of Payment				
		48730					
		Reference No. & Date	Other References				
		Buyer's Order No.	Dated				
		SKMC/KVBM/P/MEP/27	3-Nov-22				
		Dispatch Doc No	Delivery Note Date				
			1-Jun-23				
		Dispatched through	Destination				
		Terms of Delivery					
Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombiatt RM	840510	30 Nos	1,345.00	Nos		40,350.00
2	GPSK-239-GTECH Susp wire 1mtr Kombiatt	840510	60 Nos				40,350.00
OUTPUT CGST @ 9%					9 %		3,631.50
5802 01/06/23 14:30 BY HAND [Signature]							

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Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos 898/70, 2nd Link Street, Nehru Nagar
Kottivakkam (OMR), Chennai - 600041
Ph No. 044-45566185/86

GSTIN/UID: 33AFNPM9310B1ZQ

State Name: Tamil Nadu, Code: 33

E-Mail: murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22

Kovilambakkam

Chennai

600117

GSTIN/UID: 33AABCK8115E1ZY

State Name: Tamil Nadu, Code: 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No.17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 016

GSTIN/UID: 33AABCK8115E1ZY

State Name: Tamil Nadu, Code: 33

Invoice No.

230230

Delivery Note

48730

Reference No. & Date

Buyer's Order No.

SKMC/KVBMP/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

1-Jun-23

Mode/Terms of Payment

Other References

Dated

3-Nov-22

Delivery Note Date

1-Jun-23

Destination

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		3,631.50
Total			90 Nos				₹ 47,613.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Forty Seven Thousand Six Hundred Thirteen Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	40,350.00	9%	3,631.50	9%	3,631.50	7,263.00
Total	40,350.00		3,631.50		3,631.50	7,263.00

Tax Amount (in words): Indian Rupees Seven Thousand Two Hundred Sixty Three Only

Company's Bank Details

Bank Name: Union Bank of India

A/c No.: 660361000042746

Branch & IFS Code: T.Nagar & UBIN0904911

Company's PAN: AFRPM9310B

Declaration

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

RCM - No

for REFLECTIONS

Authorised Signatory

This is a Computer Generated Invoice



IRN : 639e3b4d92b755bf8cf9720dd79d230d648ea1ebd7953e-
d45c36d38ae949ad00
Ack No. : 152314837500571
Ack Date : 9-Jun-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Netru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22 Kovilambakkam Chennai 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No.	Dated	
		230251	9-Jun-23	
		Delivery Note	Mode/Terms of Payment	
		48762		
Reference No. & Date		Other References		
Buyer's Order No.		Dated		
SKMC/KVBM/P/MEP/27		3-Nov-22		
Dispatch Doc No.		Delivery Note Date		
		9-Jun-23		
Dispatched through		Destination		
Terms of Delivery				

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	LD06-221-XXX-57-XX 18W Mobs downlighter	940510	200 Nos	840.00	Nos		1,28,000.00
2	CRCO24R030HP57G2KH 30W 2X2 Kombul RM	940610	20 Nos	1,345.00	Nos		26,900.00
							1,54,900.00
OUTPUT CGST @ 9%						9 %	13,941.00
15913 07/06/23 18:27 TN-12-AM 6/1/1							

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Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottirakkam(OMR), Chennai - 600041
Ph No. 044-45556185/86

GSTIN/UIN: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in
Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No.18/21 B1A 18/2A2221A1A 22/2A 22/2B & 22
Kovilambakkam
Chennai
600117

GSTIN/UIN : 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No.17/A, New No.8A
Murray's Gate Road
Alwarpet
Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Invoice No.

230251

Dated

9-Jun-23

Delivery Note

48762

Mode/Terms of Payment

Reference No. & Date

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		13,941.00
Total			220 Nos				₹ 1,82,782.00

E & O E

Amount Chargeable (in words)

Indian Rupees One Lakh Eighty Two Thousand Seven Hundred Eighty Two Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	1,54,900.00	9%	13,941.00	9%	13,941.00	27,882.00
Total	1,54,900.00		13,941.00		13,941.00	27,882.00

Tax Amount (in words) : Indian Rupees Twenty Seven Thousand Eight Hundred Eighty Two Only

Company's Bank Details

Bank Name : Union Bank of India

A/C No. : 360301000042746

Branch & IFS Code : T.Nagar & UBIN0904911

Company's PAN : AFNPM9310B

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

IRN : 736f10d8b24a2b0abfed61038041dc121fd050a8010abb8-
 dcc7c5f427125d950
 Ack No. : 152314906841912
 Ack Date : 19-Jun-23



REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
 Kottivakkam(OMR), Chennai - 600041
 Ph No. 044-45958185/86

GSTIN/UIN: 33AFNPM9310B1ZQ
 State Name: Tamil Nadu, Code: 33
 E-Mail: murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
 Survy No.18/21 B1A 18/2A222/1A1A 22/2A 22QB & 22
 Kovilambakkam

Chennai

600117

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No 17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230293

Delivery Note

48526

Reference No. & Date.

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

19-Jun-23

Mode/Terms of Payment

Other References

Dated

3-Nov-22

Delivery Note Date

19-Jun-23

Destination

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 18W Mofa downlighter	940510	150 Nos	640.00	Nos		96,000.00
	OUTPUT CGST @ 9%				9 %		8,640.00

continued to page number 2

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6068

14:45

7N 09 B 6638

9

19/06/23

A.V. Kishor

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(GMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UTN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to)		Invoice No. 230293	Dated 19-Jun-23
		Delivery Note 48826	Mode/Terms of Payment
		Reference No. & Date	Other References
Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A22/1A1A 22/2A 22/2B & 22 Korambakkam Chennai 600117 GSTIN/UTN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Buyer's Order No. SKMC/KVBM/P/MEP/27	Dated 3-Nov-22
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UTN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Dispatch Doc No.	Delivery Note Date 19-Jun-23
		Dispatched through	Destination
		Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		8,640.00
Total			150 Nos				₹ 1,13,280.00

Amount Chargeable (in words)

E & O.E

Indian Rupees One Lakh Thirteen Thousand Two Hundred Eighty Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	99,000.00	9%	8,640.00	9%	8,640.00	17,280.00
Total	99,000.00		8,640.00		8,640.00	17,280.00

Tax Amount (in words) : **Indian Rupees Seventeen Thousand Two Hundred Eighty Only**

Company's PAN : AFNPM9310Q		Company's Bank Details Bank Name : Union Bank of India Ac No : 560304000042349 Branch & IFS Code : T.Nagar & UBIN0904911	
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct RCM - No		 for REFLECTIONS Authorized Signatory	

This is a Computer Generated Invoice

A. V. Kumar

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : e757f48c03128d3115b7ab24aa160c9f2e5f655276997d9-88ea3a98b71bf4136
 Ack No. : 152314988552111
 Ack Date : 29-Jun-23

REFLECTIONS Plot Nos.89&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45555185/86 GSTIN/UID : 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschiennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai 600117 GSTIN/UID : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UID : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 230327 Delivery Note 48894 Reference No. & Date Buyer's Order No. SKMC/KVBM/P/MEP/27 Dispatch Doc No. Dispatched through Terms of Delivery	Dated 29-Jun-23 Mode/Terms of Payment Other References Dated 29-Jun-23 Delivery Note Date 29-Jun-23 Destination				
Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombal RM	940510	30 Nos	1,345.00	Nos		40,350.00
2	LD06-221-XXX-57-XX 18W Mola downlighter	940510	100 Nos	640.00	Nos		64,000.00
3	LL20-2B1-XXX-85AL5 20W Trim LED Batten	940510	21 Nos	400.00	Nos		8,400.00
							1,12,750.00
OUTPUT CGST @ 9%							10,147.50

continued to page number 2

continued to page number 2

SRI KAUVERY MEDICAL CARE (INDIA) LTD - Computer Generated Invoice
 KVBM, Chennai

SECURITY INWARD

S.No. 6245 DATE 29/6/23

Time In 12:20 Time Out

VEHL No. 7109670822

SECURITY SIGNATURE

[Signature]
 A. V. Kishore

Tax Invoice(Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45566185/86
GSTIN/UIN: 33AFNPM9310812Q
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in
Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No.18/21 B1A 18/2A22/1A1A 22/2A 22/2B & 22/
Kovilambakkam
Chennai
600117

GSTIN/UIN : 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No.17/A, New No.8A
Murray's Gate Road
Awarpet
Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Invoice No.	Dated
230327	29-Jun-23
Delivery Note	Mode/Terms of Payment
48894	
Reference No. & Date.	Other References
Buyer's Order No.	Dated
SKMC/KVBM/PI/MEP/27	29-Jun-23
Dispatch Doc No.	Delivery Note Date
	29-Jun-23
Dispatched through	Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		10,147.50
Total			151 Nos				₹ 1,33,045.00

Amount Chargeable (in words)

E. & O.E

Indian Rupees One Lakh Thirty Three Thousand Forty Five Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
IM0510	1,12,750.00	9%	10,147.50	9%	10,147.50	20,295.00
Total	1,12,750.00		10,147.50		10,147.50	20,295.00

Tax Amount (in words) : Indian Rupees Twenty Thousand Two Hundred Ninety Five Only

Company's PAN : AFNPM9310B		Company's Bank Details	
		Bank Name	Union Bank of India
		A/c No.	560361000042748
		Branch & IFS Code	T.Nagar & UBIN0004911

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signature

This is a Computer Generated Invoice

SRI KAUVERY MEDICAL CARE (INDIA) LTD
KVBM, Chennai
SECURITY INWARD

S.No. E-245 DATE 29/06/23

Time to - 13:30 Time Out

VSR. No. 741090/0828

SECURITY SIGNATURE

A.V. Kishan

e-Way Bill



E-Way Bill No: 531518627640
E-Way Bill Date: 29-06-2023 12:39 PM
Generated By: 33AFNPM9310B1ZQ REFLECTIONS
Valid From: 29-06-2023 12:39 PM [9KM]
Valid Until: 30-06-2023

IRN Details

IRN: e757f48c03128d3115b7ab24aa160c9f2e9f655276997d988ea3a98b71bf4136
Ack No: 152314988552111
Ack Date: 29-06-2023 12:21 PM

Part - A

GSTIN of Supplier: 33AFNPM9310B1ZQ
REFLECTIONS
Place of Dispatch: Chennai TAMIL NADU 600041
GSTIN of Recipient: 33AABCK811SE1ZY
Sri Kauvery Medical Care (India) Ltd
Place of Delivery: 600117 TAMIL NADU 600117
Document No: 230327
Document Date: 29-06-2023
Transaction Type: Bill To-Ship To
Value of Goods: 133045.00
EWay Code: 940510-CRC024R030HP57G2KH
Reason for Transportation: Outward - Supply
Transporter: -

Part - B

Mode:	Vehicle / Trans Doc No & Dt.	From:	Entered Date:	Entered By:	CEWB No. (If any)	Multi Veh. Info (If any)
Road	TH09BX0828/ & 29-06-2023		29-06-2023	33AFNPM9310B1ZQ		



001518627640



DELIVERY CHALLAN

REFLECTIONS

Authorised Stockist for WIPRO Luminares & Lamps

Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OM)

Chennai - 600 041. Phone : 4555 6185 / 4555 6186

Bright Ideas

GSTIN : 33AFNPM9310B1ZQ

Your Ref SKMC/KUBM/P/MEP/27

03.11.2022

M/s. Sri Kavery Medical Care India Ltd

Survey No. 98/2B/A, 18/2B2, 22/1A/A, 22/2A, 22/2B, No 048894

Party's GSTIN: 22/2C, Kavilambakkam - 600117 Date: 29.06.2023

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	CRC024R030HP57C&KH	30 Nos		
2.	LD06-221-XXX-57-XX	100 Nos		
3.	LL20-281-XXX-65A15/	21 Nos		
4.				
5.				
6.	SRI KAVERY MEDICAL CARE INDIA LTD KVAM, Chennai			
7.	SECURITY INWARD DATE 22/06/23			
8.	Time In - 12:30 Time Out -			
9.	VEH. NO TN09BY0828 SECURITY SIGNATURE			

Received the above materials in good condition

For REFLECT

Signature

Name

938956926
Contact No.

Authorised S



DELIVERY CHALLAN

REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps

Plot No. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OM)

Chennai - 600 041. Phone : 4555 6185 / 4555 6186

Bright Ideas

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s Sri Kaveri Medical Care India Ltd

No 048895

Survey No: 18/2A1A, 18/2B2, 22/1A1A, 22/2B, 22/2B

Party's GSTIN : 22/2C, Kankumbaturn - 600117 Date 29.06.23

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	DI 21640	5 Nos		
2.	DI 22065	59 Nos		
3.				
4.				
5.	SECURITY INWARD S.No. 18/2A1A DATE 29/06/23 Time In: 15:50 Time Out: 16:50 VEH. No. TN 09BY 0828 SECURITY SIGNATURE: [Signature]			
6.				
7.				
8.				
9.				

Received the above materials in good condition.

For REFLECTIONS

A. V. Jishu

Signature

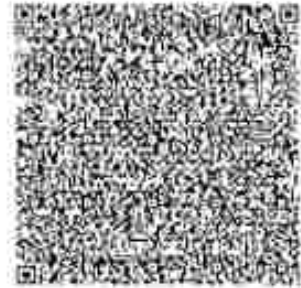
Name

978996196

Contact No.

G. Jey

Authorised



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IRN: dbfd1985b5f6d472c109f85520179a8838d2340e7338ca14b-
40f79bfd0f2dbbf53
Ack No: 152314328660496
Ack Date: 7-Apr-23
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REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45556185/86

GSTIN/UIN: 33AENPM9310B1ZQ

State Name : Tamil Nadu, Code : 33

E-Mail : mural@reflectionschannel.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No 15/2B1A 16/2B2 22/1A1A 22/2A 22/2B & 22/2
Kovilanbakkam

Tambora

Chennai - 500117

State Name : Tamil Nadu, Code : 33

Buyer (34 to)

Sri Kaveri Medical Care (India) Ltd

Old No. 17/A, New No. 8A

Murray's Gate Road

Awarded

Chemical - 600 018

GSTIN/UIN 33AABCK8115E1ZY

State Name: Tamil Nadu, Code: 33

Invoice No.

230014

Delivery Note

48446

Reference No. & Date.

Buyer's Order No.

SKM C/KVBN/P/MEP/27

Dispatch Doc No

Dispatched through

Terms of Delivery

Dated

7-Apr-23

Mode/Terms of Payment	100% T/T in advance

Other References

Dated:

3-Nov-22

Delivery Note Date

7-Apr-23

Destination

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH <i>30W 2X2 Kombat RM</i>	940510	30 Nos	1,345.00	Nos		40,350.00
2	LD05-221-XXX-57-XX <i>18W Mole's downlighter</i>	940510	100 Nos	640.00	Nos		64,000.00
3	GPSK-239-GTECH <i>Susp wire 1mtr Kombat</i>	940510	60 Nos				
							1,04,350.00
	OUTPUT CGST @ 9%				9 %		9,391.50

continued to page number 2

This is a Computer Generated Invoice

A. V. Kumbhar

(ORIGINAL FOR RECIPIENT)

Terms of Delivery

Destination

G. F. J. H.
Authorised Signatory

A. V. Jambhale



E-Way Bill No: 581486198851
E-Way Bill Date: 07-04-2023 12:58 PM
Generated By: 33AFNPM9310B1ZQ REFLECTIONS
Valid From: 07-04-2023 12:58 PM [14KM]
Valid Until: 08-04-2023

IRN Details

IRN: d0fd985b5f6d472c109f8520179a8838d2340e7338ca14940f79bfa0f2dbf53
Ack No: 152314328660496
Ack Date: 07-04-2023 12:17 PM

Part - A

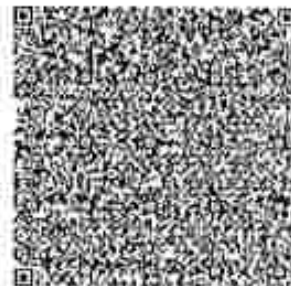
GSTIN of Supplier: 33AFNPM9310B1ZQ REFLECTIONS
Place of Dispatch: Chennai TAMIL NADU 600041
GSTIN of Recipient: 33AABCK8115E1ZY
Sri Kauvery Medical Care (India) Ltd
Place of Delivery: 600117 TAMIL NADU 600117
Document No: 230014
Document Date: 07-04-2023
Transaction Type: Bill To-Ship To
Value of Goods: 123133.00
HSN Code: 940510-CRCD24R030HP57G2KH
Reason for Transportation: Outward - Supply
Transporter: -

Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (If any)	Multi Veh.Info (If any)
Road	TN08C6638/ B 07-04-2023		07-04-2023	33AFNPM9310B1ZQ	-	-



Handwritten signature



IRN : 49f991f731f635b1ba9ebb45ead73a795e46a15d0ac0eac-
258aa0d3bf7b46f89
Ack No. : 152314434302509
Ack Date : 21-Apr-23

REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45550185/86
GSTIN/UID: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Kovilambakkam
Chennai
600117
State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No.17/A, New No.8A
Murray's Gate Road
Alwarpet
Chennai - 600 018
GSTIN/UID : 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Invoice No.

230074

Dated

21-Apr-23

Delivery Note

48520

Mode/Terms of Payment

Reference No. & Date.

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

21-Apr-23

Dispatched through

Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 18W Malls downlighter	940510	200 Nos	640.00	Nos		1,28,000.00
2	LL20-541-XXX-65-AL2 40w Surface Mounted Batten	940510	30 Nos	550.00	Nos		16,500.00
3	LM34-251-XXX-57-WG2L Aecon Four Feet - 20W White Body ST06R	940510	30 Nos	2,525.00	Nos		75,750.00
							2,20,250.00
OUTPUT CGST @ 9%							19,822.50
continued to page number 2							

This is a Computer Generated Invoice

Signature
24/4/22

REFLECTIONS

Plot No.69&70, 2nd Link Street, Nehru Nagar

Kottivakkam(OMR), Chennai - 600041

Ph No: 044-45558185/88

GSTIN/UIN: 33AFNPM9310B1ZQ

State Name : Tamil Nadu, Code : 33

E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/

Kovilambakkam

Chennai

600117

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No.17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230074

Delivery Note

48520

Reference No. & Date

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

21-Apr-23

Mode/Terms of Payment

Other References

Dated

3-Nov-22

Delivery Note Date

21-Apr-23

Destination

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		19,822.50
Total			260 Nos				₹ 2,59,895.00

Amount Chargeable (in words)

E & O E

Indian Rupees Two Lakh Fifty Nine Thousand Eight Hundred Ninety Five Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	2,20,250.00	9%	19,822.50	9%	19,822.50	39,645.00
Total	2,20,250.00		19,822.50		19,822.50	39,645.00

Tax Amount (in words) : **Indian Rupees Thirty Nine Thousand Six Hundred Forty Five Only**Company's PAN : **AFNPM9310B**

Company's Bank Details

Bank Name : **Union Bank of India**A/c No. : **550351000042748**Branch & IFS Code : **T.Nagar & UBIN0904911**

Declaration

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

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

e-Way Bill



E-Way Bill No: 561491471105
E-Way Bill Date: 21-04-2023 01:12 PM
Generated By: 33AFNPM931081ZQ REFLECTIONS
Valid From: 21-04-2023 01:12 PM [14KM]
Valid Until: 22-04-2023

IRN Details

IRN: 49f991f731f635b1ba9ebb45ead72a795e46a15d0ac0eac258aa0d3bf7b46f89
Ack No: 152314434302509
Ack Date: 21-04-2023 01:09 PM

Part - A

GSTIN of Supplier: 33AFNPM931081ZQ
REFLECTIONS
Place of Dispatch: Chennai TAMIL NADU 600041
GSTIN of Recipient: 33AA8CK811SE1ZY
Sri Kauvery Medical Care (India) Ltd
Place of Delivery: 600117 TAMIL NADU 600117
Document No.: 230074
Document Date: 21-04-2023
Transaction Type: Bill To-Ship To
Value of Goods: 259895.00
HSN Code: 940510-LD06-221-XXX-57-XX
Reason for Transportation: Outward - Supply
Transporter: -

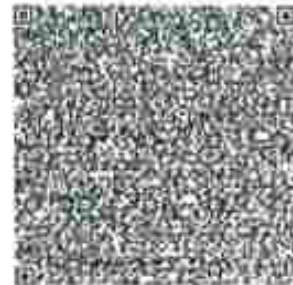
Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (If any)	Multi Vch.Infu (If any)
Road	TN09BC6638/ 8 21-04-2023		21-04-2023	33AFNPM931081ZQ	-	-



561491471105

IRN : 8a24dab4a4c285d062d796034e18d663b65e1156fd5eb9-
ce80d22e873b4aaa73
Ack No. : 1523144483655569
Ack Date : 24-Apr-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UID: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.1821B1A, 22/2A2, 22/1A1A/22/2A/22/2B,22/2 Kovilambakkam Chennai 600117 State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UID : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 230085		Dated 24-Apr-23	
		Delivery Note 48538		Mode/Terms of Payment	
		Reference No. & Date.		Other References	
		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-22	
		Dispatch Doc No.		Delivery Note Date 24-Apr-23	
		Dispatched through		Destination	
		Terms of Delivery			

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LL20-281-XXX-65AL5 20W Trim LED battery.	940510	100 Nos	400.00	Nos		40,000.00
	OUTPUT CGST @ 9%				9 %		3,600.00
	OUTPUT SGST @ 9%				9 %		3,600.00
	Total		100 Nos				₹ 47,200.00

Amount Chargeable (in words) **Indian Rupees Forty Seven Thousand Two Hundred Only** E & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	40,000.00	9%	3,600.00	9%	3,600.00	7,200.00
Total	40,000.00		3,600.00		3,600.00	7,200.00

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

Company's PAN : **AFNPM9310B**

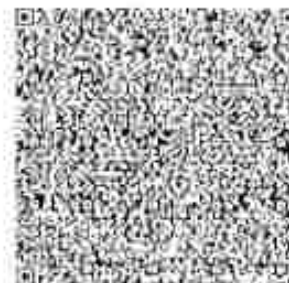
Company's Bank Details
Bank Name : **Union Bank of India**
A/c No. : **550361000042748**
Branch & IFS Code : **T.Nagar & UBIN0904911**

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

for REFLECTIONS
Authorized Signatory

This is a Computer Generated Invoice

IRN : fe3f6db5e4b276288e51a30fa57e3b317333041f8552e6ae-
fc9e21b486eecd29
Ack No : 152314659823957
Ack Date : 18-May-23



REFLECTIONS		Invoice No.	Dated				
Plot Nos 69&70, 2nd Link Street, Nehru Nagar		230182	18-May-23				
Kottivakkam(OMR), Chennai - 600041		Delivery Note	Mode/Terms of Payment				
Ph No. 044-45556185/86		48586, 48439, 48172					
GSTIN/UIN: 33AFNPM9310B1ZQ		Reference No. & Date	Other References				
State Name : Tamil Nadu, Code : 33							
E-Mail : murali@reflectionschennai.in		Buyer's Order No.	Dated				
Consignee (Ship to)		SKMC/KYBM/P/MEP/27	3-Nov-22				
Sri Kauvery Medical Care (India) Ltd		Dispatch Doc No.	Delivery Note Date				
Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/			18-May-23				
Kovilambakkam		Dispatched through	Destination				
Chennai							
600117		Terms of Delivery					
State Name : Tamil Nadu, Code : 33							
Buyer (Bill to)							
Sri Kauvery Medical Care (India) Ltd							
Old No.17/A, New No.8A							
Murray's Gate Road							
Awarpet							
Chennai - 600 018							
GSTIN/UIN : 33ABCK8116E1ZY							
State Name : Tamil Nadu, Code : 33							
Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	Unit	Disc. %	Amount
1.	D 42840 LED Strip Light	940510	40 Nos	900.00	Nos		36,000.00
2	HD1200 2Amp12V Driver	940510	53 Nos				
3.	D 42827 25W LED Strip	940510	13 Nos	900.00	Nos		11,700.00
							47,700.00
	OUTPUT CGST @ 9%				9 %		4,293.00

continued to page number 2

This is a Computer Generated Invoice

Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.698/70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041.
Ph No. 044-45556185/86
GSTIN/UIN: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Kovilambakkam
Chennai
600117

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No.17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230182

Dated

18-May-23

Delivery Note

48586, 48439, 48172

Mode/Terms of Payment

Reference No. & Date

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

18-May-23

Dispatched through

Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
	OUTPUT SGST @ 9%				9 %		4,293.00
Total			106 Nos				₹ 56,286.00

Amount Chargeable (in words)

E & O E

Indian Rupees Fifty Six Thousand Two Hundred Eighty Six Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	47,700.00	9%	4,293.00	9%	4,293.00	8,586.00
Total	47,700.00		4,293.00		4,293.00	8,586.00

Tax Amount (in words) : Indian Rupees Eight Thousand Five Hundred Eighty Six Only

Company's PAN : AFNPM9310B

Declaration

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

RCM - No

Company's Bank Details

Bank Name

Union Bank of India

A/c No.

560361000042748

Branch & IFS Code

T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos: 69 & 70, Second Link Street, Hebbu Nagar, Kottivakkam, (OAR)
Chennai - 600 043. Phone : 4555 6185 / 4555 6186

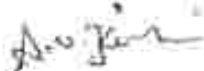
GSTIN : 33AFNPM9310B1ZQ

Your Ref :

Mrs. Sri. Kanyas Medical Care Infra Ltd No 0435586
GSTIN NO. 48/201A-18/2022-22/PA-22/2A
Party's GSTIN 22/288-22/24 Kottivakkam, Ch-07 Date 21.05.2023

S. No.	Description of Material	Qty. Nos.	Ratio Rs.	Remarks
1.	D42840	35 Nos		
2.	HD/200	35 Nos		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

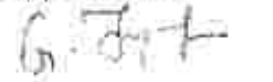
Received the above materials in good condition.


Signature

Name

97896146
Contact No

For REFLECTIONS


Authorised Signatory



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nenu Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s Sri Kalvay Hospital
Kandambakkam, Chennai

No 048172

Party's GSTIN :

Date 04/02/23

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	D4J8J7	13 Nos		
2.	H D12.00	13 Nos		
3.				
4.				
5.				
6.				
7.			4391	DATE 04/02/23
8.			15:20	Time Out
9.				By Hand

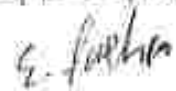
Received the above materials in good condition.

For REFLECTIONS

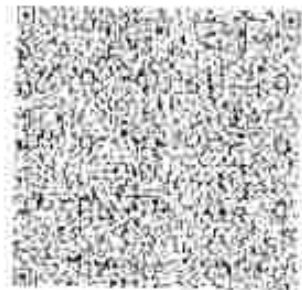

Signature

Name

9785965176
Contact No.


Authorized Signatory

IRN : Sae47f3ad994622855dce05d288aace55be815e0acac760-
c488891180a7401f7
Ack No. : 152315223959360
Ack Date : 28-Jul-23

**REFLECTIONS**

Plot Nos.69&70, 2nd Link Street, Nethu Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No 044-45553185/86
GSTIN/UIN : 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No.18/71 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Kovilambakkam

Chennai

600117

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No.17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230447

Delivery Note

49101

Reference No. & Date

Dated

28-Jul-23

Mode/Terms of Payment

Other References

Buyer's Order No.

SKMC/KVBM/PI/MEP/27

Dispatch Doc No.

Dated

3-Nov-22

Delivery Note Date

Despatched through

28-Jul-23

Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	LD06-171-XXX-57-XX 15W Mops DA	940510	50 Nos	590.00	Nos		29,500.00
2	LD06-171-XXX-40-XX 15W Mops DA	940510	32 Nos	580.00	Nos		18,560.00
3	D 42840 LED Strip Light	940510	8 Nos	500.00	Nos		5,400.00
4	HD1200 20amp 12V Driver	940510	6 Nos				
							53,760.00
OUTPUT CGST @ 9%				9. %			4,840.20
OUTPUT SGST @ 9%				9. %			4,840.20

continued to page number 2

This is a Computer Generated Invoice

(ORIGINAL FOR RECIPIENT)

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DELIVERY CHALLAN REFLECTIONS

Authorized Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (DMR)
Chennai - 600 041. Phone : 4955 6165 / 4955 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC/KVBM/P/MEP/07
03.11.2022

Mrs. Sri. Kavya Medical Care India Pvt
Society No. 18/201A, 18/202, 173/P/13, 201F, 22/20
No. 043/1111

Party's GSTIN : 2712001001 Kottivakkam - 600 017 Date: 28-07-2023

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	LDO6-171-XXX-57-YX	50 NOS		
2.	LDO6-171-XXX-40-YX	30 NOS		
3.	DH8840	6 NOS		
4.	HD1200	2 NOS		
5.				
6.				
7.				
8.				
9.				

RECEIVED BY KAVYA MEDICAL CARE (INDIA) LTD.
KVMC CHENNAI
SECURITY INWARD
S.No. 6905 DATE 28/07/23
Time 11:22
Veh No. TV09 BCG638
Signature: [Signature]

Received the above materials in good condition.

For REFLECTIONS

[Signature]
Signature

Name

9329967196
Contact No.

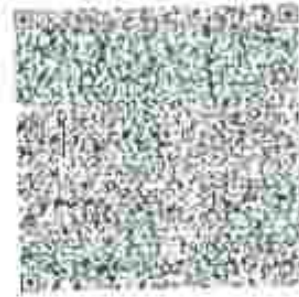
[Signature]
Authorized Signatory

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

IRN : a44cb9f239b443f959ac96de53f8c29f99e5b248345575fcf-
6e7e12a455bae7d
Ack No. : 152315307670868
Ack Date : 5-Aug-23



REFLECTIONS Plot Nos 69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschennai.in		Invoice No. 230501		Dated 5-Aug-23			
Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai 600117		Delivery Note 49171		Mode/Terms of Payment			
GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Reference No. & Date		Other References			
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-22			
		Dispatch Doc No.		Delivery Note Date 5-Aug-23			
		Dispatched through		Destination			
		Terms of Delivery					
Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 18V Mols downlighter	940510	30 Nos	640.00	Nos		19,200.00
2	D 42840 LED Strip Light	940510	8 Nos	900.00	Nos		7,200.00
3	HD1200 2Amp 12V Driver	940510	8 Nos				
							25,400.00
OUTPUT CGST @ 9%							2,376.00
SRI KAUVERY MEDICAL CARE (INDIA) LTD KVBM, CHENNAI SECURITY INWARD SMO: 6794 DATE: 05/08/23 TOLKIN 18:00 TIME OUT VEH No: Ryhand SECURITY SIGNATURE <i>[Signature]</i>							

continued to page number 2

This is a Computer Generated Invoice

Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos. 69&70, 2nd Link Street, Nehru Nagar
Kottivakkam (OMR), Chennai - 600041
Ph No. 044-45556185/86
GSTIN/UIN: 33AFNPM9310B1ZQ
State Name: Tamil Nadu, Code: 33
E-Mail: murali@reflectionschenai.in
Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No 18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Kovilambakkam
Chennai
600117

GSTIN/UIN: 33AABCK8115E1ZY
State Name: Tamil Nadu, Code: 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No. 17/A, New No. 8A
Murray's Gate Road
Alwarpet
Chennai - 600 018

GSTIN/UIN: 33AABCK8115E1ZY
State Name: Tamil Nadu, Code: 33

Invoice No.

230501

Delivery Note

49171

Reference No. & Date.

Buyer's Order No.

SKMC/KVBM/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

5-Aug-23

Mode/Terms of Payment.

Other References

Dated

3-Nov-22

Delivery Note Date

5-Aug-23

Destination

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		2,376.00
Total			45 Nos				₹ 31,152.00

E & O E

Amount Chargeable (in words)

Indian Rupees Thirty One Thousand One Hundred Fifty Two Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	26,400.00	9%	2,376.00	9%	2,376.00	4,752.00
Total	26,400.00		2,376.00		2,376.00	4,752.00

Tax Amount (in words): Indian Rupees Four Thousand Seven Hundred Fifty Two Only

Company's PAN: AFNPM9310B
Company's Bank Details
Bank Name: Union Bank of India
A/c No.: 560361000042748
Branch & IFSC Code: T.Nagar & UBIN0904911

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

SR KAUVERY MEDICAL CARE (INDIA) LTD
K.V.M. Chennai
SECURITY STAMP

AMOUNT 6994 - DATE 05/8/23

PAID 18.00

By hand

S. Srinivasan

A. V. Kumar

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 58f3f5598181cd66dce44023bca58ad7acf33b490c8c4a6-8a8d9f4bfc9051ee7
 Ack No. : 152315377968377
 Ack Date : 12-Aug-23

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556186/85 GSTIN/UIN: 33AFNPM8310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.16/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai 30117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 230522 Delivery Note 49212 Reference No. & Date. Buyer's Order No. SKMC/KVBM/MEP/27 Dispatch Doc No. Dispatched through Terms of Delivery	Dated 12-Aug-23 Mode/Terms of Payment Other References Dated 3-Nov-22 Delivery Note Date 12-Aug-23 Destination

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LE23-251-XXX-57-XX Imperla	940510	30 Nos	1,000.00	Nos		48,000.00
	OUTPUT CGST @ 9%					9 %	4,320.00

SRI KAUVERY MEDICAL CARE (INDIA) LTD.
 KVBM, Chennai
 SECURITY INWARD
 S.No. 7062 DATE 12/8/23
 Time In: 17:50 Time Out:
 VEH No. TN14W 0790
 SECURITY SIGNATURE [Signature]

continued to page number 2

This is a Computer Generated Invoice

Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos. 693/70, 2nd Link Street, Nehru Nagar
Kottivakkam (OMR), Chennai - 600041
Ph No. 044-45556185/86
GSTIN/UIN: 33AFNPM9310B1ZQ
State Name: Tamil Nadu, Code: 33
E-Mail: murali@reflectionschennai.in
Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No. 18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Koyilambakkam
Chennai
600117

GSTIN/UIN: 33AABCK8115E1ZY
State Name: Tamil Nadu, Code: 33
Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No. 17/A, New No. 8A
Murray's Gate Road
Alwarpet
Chennai - 600 018
GSTIN/UIN: 33AABCK8115E1ZY
State Name: Tamil Nadu, Code: 33

Invoice No.

230522

Delivery Note

49212

Reference No. & Date.

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dispatch Doc No.

Dispatched through

Terms of Delivery

Dated

12-Aug-23

Mode/Terms of Payment

Other References

Dated

3-Nov-22

Delivery Note Date

12-Aug-23

Destination

Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
OUTPUT SGST @ 9%				9 %		4,320.00
SRI KAUVERY MEDICAL CARE (INDIA) LTD KVBM, Chennai SECURITY INWARD S.NO 7062 DATE 12/8/23 TIME IN 12:50 TIME OUT REF NO TN14W0790 SECURITY SIGNATURE						
Total		30 Nos				₹ 56,640.00 E & O.E

Amount Charged (in words)

Indian Rupees Fifty Six Thousand Six Hundred Forty Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	48,000.00	9%	4,320.00	6%	4,320.00	8,640.00
Total	48,000.00		4,320.00		4,320.00	8,640.00

Tax Amount (in words) Indian Rupees Eight Thousand Six Hundred Forty Only

Company's PAN: AFNPM9310B
Declaration: We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.
RCM - No

Company's Bank Details
Bank Name: Union Bank of India
A/c No: 560361000042748
Branch & IFS Code: T.Nagar & UBIN0904911

for REFLECTIONS

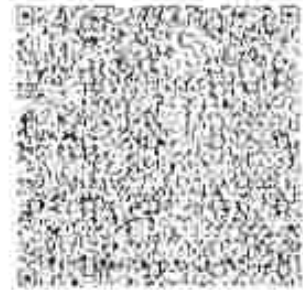
Authorized Signatory

This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 8a07291830d412ce24c0038029ec5443b6087baf42aa29b-
 600b492931cb90abc
 Ack No. : 152315550050754
 Ack Date : 1-Sep-23

REFLECTIONS Plot Nos.89&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45558185/88 GSTIN/UIN: 33AFNP/M9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.15/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai - 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 230621 Delivery Note 48995 49246, 48895, 40925 Reference No. & Date.	Dated 31-Aug-23 Mode/Terms of Payment Other References
		Buyers Order No. SKMC/KVBM/P/MEP/27 Dispatch Doc No Dispatched through Terms of Delivery	Dated 3-Nov-22 Delivery Note Date 18-Aug-23 Destination

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	D 552065 20W LED batten	940510	70 Nos	400.00	Nos		28,000.00
2	LD06-221-XXX-57-XX 15W Mors downlighter	940510	50 Nos	640.00	Nos		32,000.00
3	LD06-171-XXX-40-XX 15W Mors DL	940510	12 Nos	560.00	Nos		7,080.00
4	D121640 15w round LED downlighter	940510	5 Nos	590.00	Nos		2,950.00
5	D 552065 20W LED batten	940510	59 Nos	400.00	Nos		23,600.00
							93,630.00
OUTPUT CGST @ 9%					9 %		8,426.70
OUTPUT SGST @ 9%					9 %		8,426.70

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continued to page number 2

This is a Computer Generated Invoice

Tax Invoice(Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph.No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschiennai.in		Invoice No 230621	Dated 31-Aug-23
Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovlabakkam Chennai - 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note 48895, 49246, 48895, 48925	Mode/Terms of Payment
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Reference No. & Date	Other References
		Buyer's Order No. SKMC/KVBM/P/MEP/27	Dated 3-Nov-22
		Dispatch Doc No.	Delivery Note Date 18-Aug-23
		Dispatched through	Destination
		Terms of Delivery	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	Less : Round Off						(-10.40)
Total			196 Nos				₹ 1,10,483.00

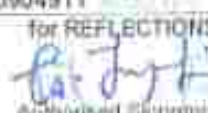
Amount Chargeable (In words)

E & O E

Indian Rupees One Lakh Ten Thousand Four Hundred Eighty Three Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	93,830.00	9%	8,426.70	9%	8,426.70	16,853.40
Total	93,830.00		8,426.70		8,426.70	16,853.40

Tax Amount (in words) : Indian Rupees Sixteen Thousand Eight Hundred Fifty Three and Forty paise Only

Company's PAN AFNPM9310B	Company's Bank Details Bank Name Union Bank of India A/c No 550361000042748 Branch & IFS Code T.Nagar & UBIN0904911
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct. RCM - No	
for REFLECTIONS  Authorised Signatory	

This is a Computer Generated Invoice



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nohra Nagar, Kottiyakkam, (OMR)
Chennai - 600 041. Phone : 4155 6185 / 4555 6185

GSTIN : 33AFNPM9310B1Z0

Your Ref :

M/s. Sri. Saurav Medical Care India Ltd No. 018409
1/10/2023
Party's GSTIN : 33AFNPM9310B1Z0 Date 21/12/23

S. No.	Description of Material	Qty-Nos.	Rate Rs.	Remarks
1.	SLEDBIS	10 NOS		
2.	DEB 3065	70 NOS		
3.	DG 31500	2 NOS		
4.				
5.	SR. SAURAV MEDICAL CARE (INDIA) LTD, KVIKA, Chennai SECURITY INWARD S.No. <u>6317</u> DATE <u>21/12/23</u> Time in <u>18:20</u> Time Out <u>18:20</u> CHN. No. <u>7NA98C6638</u> SECURITY SIGNATURE <u>[Signature]</u>			
7.				
8.				
9.				

Received the above materials in good condition.

For REFLECTIONS

A. V. Senthil
Signature [Signature] Name

91844 61120
Contact No.

[Signature]
Authorized Signatory



Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s. SRI KAUVERY MEDICAL CARE INDIA LTD

100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Party's GSTIN :

Date: 18.08.23

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	<u>LED - 221 - 43 - 54 - 44</u>	<u>12 NOS</u>		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

SRI KAUVERY MEDICAL CARE (INDIA) LTD
KVM, Chennai

SECURITY INWARD

S.No. 7106 DATE 18/8/23

Time In 15:20 Time Out

Vehicle No. BY 100

SECURITY SIGNATURE E. Jeyaraj

Received the above materials in good condition.

For: REFLECTIONS

[Signature]
Signature

Name

[Signature]
Contact No

[Signature]
Authorised Signatory



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

Mrs. S. S. Srinivasan, Madurai, Tamil Nadu, Dist. No. 048899
Sri Srinivasan, Madurai, Tamil Nadu, Dist. No. 048899
Party's GSTIN : 22AFNPM9310B1ZQ Date 25.12.2018

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	DI 21640	5 NOS		
2.	DS 2065	59 NOS		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Received the above materials in good condition.

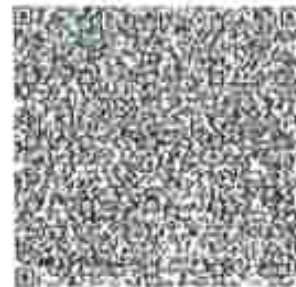
Signature

Name

Contact No.

For REFLECTIONS

Authorized Signatory



IRN : 4ccb199ad0a18aa7c29f289cb61bc622f0198e787028109-336675da77e8dac16
 Ack No. : 152314648023481
 Ack Date : 17-May-23

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to)		Invoice No. 230164		Dated 17-May-23	
Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai 600117 State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Awarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note: 48658		Mode/Terms of Payment	
		Reference No. & Date.		Other References	
		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-22	
		Dispatch Doc No.		Delivery Note Date 17-May-23	
		Dispatched through		Destination	
		Terms of Delivery			

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	LD06-221-XXX-57-XX 18W Mobs downlighter	940510	100 Nos	640.00	Nos		64,000.00
	OUTPUT CGST @ 9%				9 %		5,760.00
	OUTPUT SGST @ 9%				9 %		5,760.00
	Total		100 Nos				₹ 75,520.00

Amount Chargeable (in words) **Indian Rupees Seventy Five Thousand Five Hundred Twenty Only** E & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	64,000.00	9%	5,760.00	9%	5,760.00	11,520.00
Total	64,000.00		5,760.00		5,760.00	11,520.00

Tax Amount (in words) : **Indian Rupees Eleven Thousand Five Hundred Twenty Only**

Company's PAN : AFNDM9310Q		Company's Bank Details	
		Bank Name : Union Bank of India	
		Acc No : 680761000042748	
Declaration We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct RCM - No		Branch & IFS Code : T.Nagar & UBIN0904911	

for REFLECTIONS

 Authorized Signatory

This is a Computer Generated Invoice

5524 17.05.23
 15:00
 7A-09-BC-6638



Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamp
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam
Chennai - 600 041. Phone : 4555 6185 / 4555 6186.

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC/KVBM/PMEP/27

03.11.2022

M/s. Sri Sruvany Medical Care India Ltd.

No 04865

Survey No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B

Party's GSTIN : 622222/Kovilambakkam-600117 Date: 17.11.22

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Rem
1.	LD06-221-XXX-57-XX	100 nos		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Received the above materials in good condition.

For REFLECTIONS

Signature

9789961916

Signature

Name

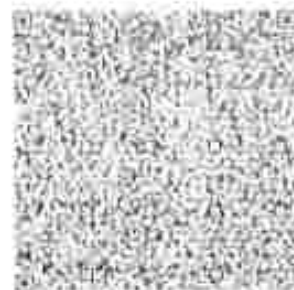
Contact No.

Author

Tax Invoice

e-Invoice

IRN : e454568bfb6041a29ac5cfad319358508de5276978735d2-
26496a6cc4b6c19ee
Ack No. : 152315922569239
Ack Date : 10-Oct-23



REFLECTIONS Plot Nos 69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN : 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd 200 Feet Road Kovilambakkam Chennai - 600117 Chennai - 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 230798 Delivery Note 49621 Reference No. & Date. Buyer's Order No. SKMC/KVBM/P/MEP/27 Dispatch Doc No Dispatched through Terms of Delivery		Dated 10-Oct-23 Mode/Terms of Payment Order References Dated 3-Nov-22 Delivery Note Date 10-Oct-23 Destination			
Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-171-XXX-57-XX 15W Multi DL	940510	90 Nos	500.00	Nos		53,100.00
	OUTPUT CGST @ 9%				9 %		4,779.00

continued to page number 2

continued to page number 2

This is a Computer Generated Invoice

SRI KAUVERY MEDICAL CARE (INDIA) LTD
 KVBM, CHENNAI
 SECURITY MARKED
 S.No. 7485 DATE 10/10/23
 Time In 10:15 Time Out
 VEH. No. TN09 BL 6058
 SECURITY SIGNATURE

Tax Invoice(Page 2)

REFLECTIONS Plot No. E3&7D, 2nd Link Street, Nehru Nagar Kottivakkam (OMR), Chennai - 600041 Ph No. 044-45556186/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschennai.in Consignee (Ship to):		Invoice No. 230798	Dated 10-Oct-23
		Delivery Note: 49621	Mode/Terms of Payment:
		Reference No. & Date:	Other References:
Buyer (Bill to):		Buyer's Order No. SKMC/KVBM/P/MEP/27	Dated 3-Nov-22
Sri Kauvery Medical Care (India) Ltd 200 Feet Road Kovilanbakkam Chennai - 600117 Chennai - 600117 GSTIN/UIN: 33AABCK8115E1ZY State Name: Tamil Nadu, Code: 33		Dispatch Doc No:	Delivery Note Date 10-Oct-23
		Dispatched through:	Destination:
		Terms of Delivery:	
Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.5A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN: 33AABCK8115E1ZY State Name: Tamil Nadu, Code: 33			

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		4,779.00
Total			90 Nos				₹ 62,658.00

Amount Chargeable (in words):

Indian Rupees Sixty Two Thousand Six Hundred Fifty Eight Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940610	53,100.00	9%	4,779.00	9%	4,779.00	9,558.00
Total	53,100.00		4,779.00		4,779.00	9,558.00

Tax Amount (in words): **Indian Rupees Nine Thousand Five Hundred Fifty Eight Only**

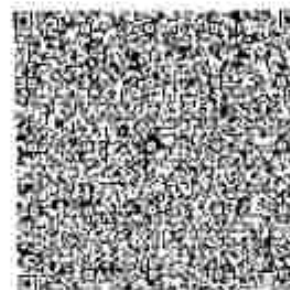
Company's PAN: AFNPM9310B		Company's Bank Details:	
Destination:		Bank Name: Union Bank of India	
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.		A/c No: 550361000042748	
RCM - No:		Branch & IFS Code: T.Nagar & UBIN0504915	

This is a Computer Generated Invoice



M. V. Koushik

IRN : de93c6d2239616731fedd423cb7c0c0f5f85ac0ad3b7321-
911ab8c80f8b259a1
Ack No. : 152316402536626
Ack Date : 1-Dec-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai - 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No. 231039		Dated 30-Nov-23			
		Delivery Note 4011210120440418303E3046383305		Mode/Terms of Payment			
		Reference No. & Date		Other References			
		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-23			
		Dispatch Doc No.		Delivery Note Date 30-Nov-23, 30-Nov-23			
		Dispatched through		Destination			
		Terms of Delivery					
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33							
Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LR08-651-XXX-57-SP 50W Dot Street Light	940510	37 Nos	2,200.00	Nos		81,400.00
2	LLF-053 8W LED Slim Border DL	940510	390 Nos	480.00	Nos		1,87,200.00
3	LR02-182-XXX-57-G2 Street Light 150W	940510	3 Nos	6,250.00	Nos		18,750.00
	LM34-251-XXX-57-RMG1 Aspen LED Recess mounted fixture	940510	50 Nos	2,525.00	Nos		1,26,250.00
5	LD98-131-024-40-XX 9W Glitz LED	940510	20 Nos	600.00	Nos		12,000.00
6	DI21640 16w round LED downlighter	940510	66 Nos	500.00	Nos		33,000.00
7	Track Head 20W COB Track light	940510	8 Nos	2,000.00	Nos		16,000.00
8	Track Light Track light	940510	4 Nos	700.00	Nos		2,800.00
9	LLS-018 8W LIGHT	940510	20 Nos	1,100.00	Nos		22,000.00
10	LM29-451-XXX-57-XX 2/2 33W Vorge LED 5700K	940510	20 Nos	3,200.00	Nos		64,000.00

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continued to page number 2

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Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No. 231039	Dated 30-Nov-23
Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No,18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai - 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note 4711,72,18,12,94,400,16,00,36,36,47,00,00,00	Mode/Terms of Payment
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Reference No. & Date	Other References
		Buyer's Order No. SKMC/KVBM/P/MEP/27	Dated 3-Nov-23
		Dispatch Doc No.	Delivery Note Date 30-Nov-23, 30-Nov-23
		Dispatched through	Destination
		Terms of Delivery	

No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
11	LH20-132-060-57-XX 120W Radial square	940510	37 Nos	5,200.00	Nos		1,92,400.00
12	DG31500 15W Infinity	940510	2 Nos	725.00	Nos		1,450.00
							7,57,250.00
				OUTPUT CGST @ 9%	9 %		68,152.50
				OUTPUT SGST @ 9%	9 %		68,152.50
Total			657 Nos				₹ 8,93,555.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Eight Lakh Ninety Three Thousand Five Hundred Fifty Five Only

HSN/SAC	Taxable Value	Central Tax	State Tax	Total
940510	7,57,250.00	Rate 9% Amount 68,152.50	Rate 9% Amount 68,152.50	Tax Amount 1,36,305.00
Total	7,57,250.00	68,152.50	68,152.50	1,36,305.00

Tax Amount (in words) : Indian Rupees One Lakh Thirty Six Thousand Three Hundred Five Only

Company's PAN : AFNPM9310B

Declaration

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

RCM - No

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042748

Branch & IFS Code : T.Nagar & UBIN0904911

 Authorised Signatory
 REFLECTIONS
 CHENNAI - 600

This is a Computer Generated Invoice

e-Way Bill



E-Way Bill No: 521581805577
E-Way Bill Date: 01-12-2023 02:49 PM
Generated By: 33AFNPM931081ZQ REFLECTIONS
Valid From: 01-12-2023 02:49 PM [9KM]
Valid Until: 02-12-2023

IRN Details

IRN: de93c6d2239616731fedd423cb7c0c0f5f85ac0ad3b7321911ab5c80f6b259a1
Ack No: 152316402536626
Ack Date: 01-12-2023 02:14 PM

Part - A

GSTIN of Supplier: 33AFNPM931081ZQ
REFLECTIONS
Place of Dispatch: Chennai TAMIL NADU 600041
GSTIN of Recipient: 33AABCK8115612Y
Sri Kauvery Medical Care (India) Ltd.
Place of Delivery: 600117 TAMIL NADU 600117
Document No: 231039
Document Date: 30-11-2023
Transaction Type: Bill To-Ship To
Value of Goods: 893565.00
HSN Code: 940510-LR08-651-XXX-57-SP
Reason for Transportation: Outward - Supply
Transporter:

Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (If any)	Multi Veh.Info (If any)
Road	1N09RC663R/ & 01-12-2023		01-12-2023	33AFNPM931081ZQ	-	-



521581805577

(ORIGINAL FOR RECIPIENT)

e-Invoice



IRN : 434e17a99dca4da4947de9ac7dd271323698c929c69e62-1cb5e8fbdb733b7076
Ack No. : 152314614770441
Ack Date : 12-May-23

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600041 Ph No: 044-45555185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No. 230151		Dated. 12-May-23	
		Delivery Note 48540		Mode/Terms of Payment	
		Reference No. & Date.		Other References	
Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 1B/2A222/1A1A 22/2A 22/2B & 22/ Kovilambekkam Chennai 600117 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-22	
		Dispatch Doc No.		Delivery Note Date 12-May-23	
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 016. GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Dispatched through		Destination	
		Terms of Delivery			

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombal RM	940510	50 Nos	1,345.00	Nos		67,250.00
2	GPSK-239-GTECH Susp wire 1mtr Kombal	940510	100 Nos				67,250.00
						9 %	6,052.50
OUTPUT CGST @ 9%							

continued to page number 2

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ARMED & DANGEROUS
PATIENT MEDICAL CARE (MICA) LTD
EMERGENCY
SECURITY INWARD
S.S.#: 5471 DATE: 12/05/23
Time In: 15:45 Time Out:
VINE No: TN 09 BL 6638
SECURITY SIGNATURE: [Signature]

Tax Invoice(Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45558185/86
GSTIN/UID: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd

Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/

Kovilambakkam

Chennai

600117

GSTIN/UID : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd

Old No.17/A, New No.8A

Murray's Gate Road

Alwarpet

Chennai - 600 018

GSTIN/UID : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230151

Dated

12-May-23

Delivery Note

48840

Mode/Terms of Payment

Reference No. & Date

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

12-May-23

Dispatched through

Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		6,052.50
Total			150 Nos				₹ 79,355.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Seventy Nine Thousand Three Hundred Fifty Five Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	67,250.00	9%	6,052.50	9%	6,052.50	12,105.00
Total	67,250.00		6,052.50		6,052.50	12,105.00

Tax Amount (in words) : Indian Rupees Twelve Thousand One Hundred Five Only

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 550361000042748

Branch & IFS Code : T.Nagar & UBIN0904911

Company's PAN

AFNPM9310B

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041, Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC/KVBM(P)/MEP/27

03.11.2022

M/s. Sri Kanvery Medical Care (India) Ltd

No. 048640

Survey No. 18/2B/A, 18/2B/B, 22/1B/A, 22/2A, 22/2B

Party's GSTIN : 22/BC, Kavalambakkam - 600 117 Date: 12.05.2023

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	CR1024R03CHP57G2KH	50 NOS		
2.	GPSK - 239 - GTEK	100 NOS		
3.				
4.				
5.				
6.				
7.			5471	12/05/23
8.			15145	
9.			TN 09 BC 6638	

Received the above materials in good condition.

Signature

Name

Contact No.

For REFLECTIONS

Authorised Signatory

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.68&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45556185/86
GSTIN/UID: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in
Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No 18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22
Kovilambakkam
Chennai
600117
State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No 17/A, New No.8A
Murray's Gate Road
Alwarpet
Chennai - 600 018
GSTIN/UID: 33AABCK8115E1ZY
State Name : Tamil Nadu, Code : 33

Invoice No.

230159

Dated

13-May-23

Delivery Note

48585

Mode/Terms of Payment

Reference No. & Date

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Terms of Delivery

Sl o.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombi RM	940510	20 Nos	1,345.00	Nos		26,900.00
2	GPSK-239-GTECH Susp wire 1mtr Kombi	940510	40 Nos				25,000.00
OUTPUT CGST @ 9%							2,421.00
OUTPUT SGST @ 9%							2,421.00
Total			60 Nos				₹ 31,742.00

Amount Chargeable (in words)

E & O E

Indian Rupees Thirty One Thousand Seven Hundred Forty Two Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	26,900.00	9%	2,421.00	9%	2,421.00	4,842.00
Total	26,900.00		2,421.00		2,421.00	4,842.00

Tax Amount (in words) : Indian Rupees Four Thousand Eight Hundred Forty Two Only

Company's Bank Details

Bank Name : Union Bank of India

Branch & IFS Code : 580361000042748

T.Nagar & UBIN0904911

Company's PAN : AFRNPM9310B

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1Z0

Your Ref : SKMC/KVBM/P/MEP/27

03.01.2022

M/s. Sri. Kaveri Medical Co. India Ltd No 048585

Survey No. 812A1A, 18/2B, 22/2A, 22/2A,

Party's GSTIN : 22/B, 22/2C, Kottivakkam, Ch-17 Date 04.05.2023

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	CRC024R030HP5762KH	20 NOS		
2.	G.PSK-239-GTEK	40 NOS		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Stamp: SECURITY OFFICER, CH-17, 04/05/23
Signature: T.R.L.
Text: 5328, 12:00, TAI-09, BC-6638

Received the above materials in good condition.

A.V. Kumar

Signature

Name

Contact No.

97 899 69196

For REFLECTIONS

G. Jit

Authorised Signatory



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC/KVBM/P/MEP/27

03.01.2022

M/s. Sri. Kaveri Medical Care India Ltd No 048585

Way No. 18/2A1A, 18/2B2, 22/2A1A, 22/2A,

Party's GSTIN : 22/B, 22/2C, Kottivakkam, Ch-17 Date 04.05.2023

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	CR024R030HP51G2KH	20 NOS		
2.	GPSK-239-GTEK	210 NOS		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

04/05/23

5328

17:00

TAT-09-BC-8628

T.B.

Received the above materials in good condition.

[Signature]

Signature

Name

978996116

Contact No.

For REFLECTIONS

[Signature]

Authorised Signatory

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45558185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in	Invoice No. 1130/22-23	Dated 5-Dec-22
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCKB115E1ZY State Name : Tamil Nadu, Code : 33	Delivery Note 47480	Mode/Terms of Payment
	Buyer's Order No. SKMG/KVBM/IP/MEP/27	Dated 3-Nov-22
	Dispatch Doc No.	Delivery Note Date 5-Dec-22
	Dispatched through	Destination
Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tamparam		

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 18W Mols downlighter	040511	500 Nos	640.00	Nos		3,20,000.00
	OUTPUT CGST @ 9%				9 %		28,800.00
	OUTPUT SGST @ 9%				9 %		28,800.00
Total			500 Nos				₹ 3,77,600.00

Amount Chargeable (in words)

E & O E

Indian Rupees Three Lakh Seventy Seven Thousand Six Hundred Only

HSN/SAC	Taxable Value	Central Tax	State Tax	Total
040511	3,20,000.00	Rate 9% Amount 28,800.00	Rate 9% Amount 28,800.00	Tax Amount 57,600.00
Total	3,20,000.00	28,800.00	28,800.00	57,600.00

Tax Amount (in words) : Indian Rupees Fifty Seven Thousand Six Hundred Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

Ac No. : 560361000042748

Branch & IFSC Code : T.Nagar & UBIN0504911

100 REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

Sri Kauvery Medical Care (India) Ltd.

SECURITY SIGNATURE

DATE: 30/12/22 TIME: 15:55:00

VAT No: TN 09 BC 6638

A. V. Karthi

e-Way Bill



5014 3975 6710

05/12/2022 01:52 PM

33AFH PM001 EB12Q - REFLECTIONS

05/12/2022 01:52 PM [140000]

06/12/2022

E-way Bill No.

E-way Bill Date

Generated By

Valid From

Valid Until

Part - A

GSTIN of Supplier

Place of Dispatch

GSTIN of Recipient

Place of Delivery

Document No.

Document Date

Transaction Type

Value of Goods

Vehicle Code

Reason for Transportation

Transporter

Part - B

Mode

Vehicle & Trans

Doc No & Dt.

Plant

1300600018

From

Entered Date

Entered By

Chennai

05/12/2022 01:52 PM

TAFH PM001 EB12Q

CEWB No.

(If any)

Multi Veh Info

(If any)





Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC/KVBM/P/MEP/27

03.11.2022

M/s. Sri Kaveri Medical Care India Ltd No 047480
Supply No. 18/281A, 18/282, 22/181A, 22/2A, 22/2B & 22/2C

Party's GSTIN : Kavilambakkam village, Date: 05.12.2022

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	LDe6-221-XXX-57-XX	500 Nos		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

SRU KAVERY MEDICAL CARE INDIA LTD
Kaveri Medical Care India Ltd
SECURITY CHECKED
S.No. 2012
Time In 15:55 Time Out
Veh. No. TN 09 BC 6638
SECURITY SIGNATURE

Received the above materials in good condition.

Signature *S. Durga*

Name

Contact No.

For REFLECTIONS

G. J. J. L.

Authorised Signatory

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot No. 60870, 2nd Link Street, Nehru Nagar
Kottakkam (OMR), Chennai - 600041
Ph. No. 044-45556185/86
GSTIN/UIN: 33AFNPM9310B1ZQ
State Name: Tamil Nadu, Code: 33
E-Mail: murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Kovilambakkam
Chennai
600117

State Name: Tamil Nadu, Code: 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Old No 17/A, New No 8A
Murray's Gate Road
Alwarpet
Chennai - 600 018

GSTIN/UIN: 33AABCK8115E1ZY

State Name: Tamil Nadu, Code: 33

Invoice No:

230466

Dated

31-Jul-23

Delivery Note

49017

Mode/Terms of Payment

Reference No. & Date

Other References

Buyer's Order No.

SKMC/KVBM/PI/MEP/027

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

17-Jul-23

Dispatched through

Destination

Terms of Delivery

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-171-XXX-40-XX 15W MTRs DLT	940510	6 Nos	590.00	Nos		3,540.00
2	LW07-141-XXX-57-G1 BULB EAD	940510	15 Nos	590.00	Nos		8,985.00
							12,525.00
				OUTPUT CGST @ 9%		9 %	1,127.25
				OUTPUT SGST @ 9%		9 %	1,127.25
				Round Off			0.50
Total			21 Nos				₹ 14,780.00

Amount in Words (in words)

Indian Rupees Fourteen Thousand Seven Hundred Eighty Only

E & O E

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	12,525.00	9%	1,127.25	0%	1,127.25	2,254.50
Total	12,525.00		1,127.25		1,127.25	2,254.50

Tax Amount (in words): Indian Rupees Two Thousand Two Hundred Fifty Four and Fifty paise Only

Company's PAN

AFNPM9310B

Declaration

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

RCM - No

Company's Bank Details

Bank Name

Union Bank of India

A/c No.

560361000042748

Branch & IFS Code: T.Nagar & UBIN0804911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: Shakti Electricals DATE OF INSPECTION 30-11-2024

Name of the project: Kanwar medical camp Biding prvt L.O.

Package: 5 downlights

Material Description: LD06-221-4051-4051 watts.

Quantity as per DC: 500 NOS

D.C No & date:

Date of receipt at Site:

Batch No:

S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender:	✓			
2	Manufacturer certificate attached		✓		
3	Warranty certificate attached			✓	
4	Check for quality as per challan (in the remarks specify the check conducted and the result and whether it is accepted)	✓			
5	Check for dimensional stability	✓			
6	Check for colour	✓			
7	Check for breakages		✓		
8	Check for packing	✓			
9	Check for any defects		✓		<u>Downlights</u>
10	Make	✓			<u>LD06-221-4051-4051 watts.</u>
11	Check for quantity as per challan				<u>500 NOS.</u>

COMMENTS

Test certificate attached.

CBRE

S. Sampath

VENDOR

D. J. L.

CBRE



DELIVERY CHALLAN REFLECTIONS

Bright Ideas

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam,
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC / KVBH / 1 / ME / 27

03.11.2022

M/s. Sri. Kavya Medical Care (India) Ltd.

Nº 047430

Nº. 18/2010-15/2022/1010, 22/20, 22/35.d 21/20

Party's GSTIN : 29AFNPM9310B1ZQ

Date: 30.11.2022

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	ED06-221-XYX-57-XX	500 NOS	✓	9
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

STOCKED IN SE STORE
SARITH ELECTRICIAN

STORE INCHARGE
WARRANTY RESPONSIBLE
D. Jeyaraj
A. Jeyaraj

Received the above materials in good condition.

D. Jeyaraj

84189865231

For REFL

Signature

Name

Contact No.

Author

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69870, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45558185/86 GSTIN/UID: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No. 1088/22-23	Dated 30-Nov-22
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Ahwarpet Chennai - 600 018 GSTIN/UID : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note 47430	Mode/Terms of Payment
		Buyer's Order No. SKMC/KVBM/IP/MEP/27	Dated 3-Nov-22
		Dispatch Doc No.	Delivery Note Date 30-Nov-22
		Dispatched through	Destination
		Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 1BW Malls downlighter	940511	500 Nos	640.00	Nos		3,20,000.00
	OUTPUT CGST @ 9%					9 %	28,800.00
	OUTPUT SGST @ 9%					9 %	28,800.00
SRINIVASA OPTICAL CARE (INDIA) LTD KEMAN, CHENNAI SECURITY INWARD No: 3188 DATE: 30/11/27 Time In: 20:59 Time Out: _____ REF No: TAT-09-BG-1638 SECURITY SIGNATURE: _____							
	Total		500 Nos				INR 3,77,600.00

Amount Chargeable (in words)

E & O.E.

Indian Rupees Three Lakh Seventy Seven Thousand Six Hundred Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940511	3,20,000.00	9%	28,800.00	9%	28,800.00	57,600.00
Total	3,20,000.00		28,800.00		28,800.00	57,600.00

Tax Amount (in words) : **Indian Rupees Fifty Seven Thousand Six Hundred Only**

Company's PAN : **AFNPM9310B**

Declaration

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

Company's Bank Details

Bank Name	Union Bank of India

A/c No. : 560381000042748

Branch & IFS Code : T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

e-Way Bill



E-Way Bill No: 5514 3813 7337
E-Way Bill Date: 30/11/2022 03:34 PM
Generated By: 33AFN PM531 0B1ZQ - REFLECTIONS
Value From: 30/11/2022 03:34 PM [14Kms]
Valid Until: 01/12/2022

Part - A

GSTIN of Supplier: 33AFNPM5310B1ZQ, REFLECTIONS
Place of Dispatch: Chennai, TAMIL NADU-600041
GSTIN of Recipient: 33AAB CK811 5C1ZY, BRI KAUVERY MEDICAL CARE (INDIA) LIMITED
Place of Delivery: KUVILAMBARKKAM TAMBARAM, TAMIL NADU-600117
Document No: 1080/22-23
Document Date: 30/11/2022
Transaction Type: Bill To - Ship To
Value of Goods: 372600
HSN Code: 9405 - ELECTRICAL GOODS
Reason for Transportation: Outward - Supply
Transporter:

Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWD No. (if any)	Multi VEH Info (if any)
Road	CHENNAI-600041	Chennai	30/11/2022 03:34 PM	33AFNPM5310B1ZQ	-	-



551438137337

CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: E. Lakshmi - 13/04/2021 DATE OF INSPECTION: 5-12-2022

Name of the project: Kauvery medical centre 2nd floor multi R.D.

Package: L.D.D L.D.D - 2nd floor

Material Description: 18 W motif down lighter - 500 NOS.

Quantity as per DC: 1219

D.C No & date: 5/12/2022

Date of receipt at Site:

Batch No: 2nd Lot

S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender	✓			
2	Manufacturer certificate attached	✓			
3	Warranty certificate attached	✓			
4	Check for quality as per challan (in the remarks specify the check conducted and the result and whether it is accepted)	✓			
5	Check for dimensional stability	✓			
6	Check for colour	✓			
7	Check for breakages	✓			
8	Check for packing	✓			
9	Check for any defects	✓			
10	Make	✓			<u>down lighter - 500 NOS</u>
11	Check for quantity as per challan	✓			

COMMENTS

CBRE

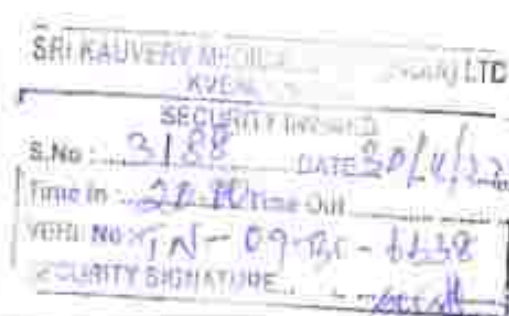
VENDOR

D. L. L.
A. V. K. S.
5/12/22

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45550105/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No 8A Murray's Gate Road Awarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33	Invoice No.	Dated
	1088/22-23	30-Nov-22
	Delivery Note	Mode/Terms of Payment
	47430	
	Buyer's Order No.	Dated
	SKMC/KVBM//P/MEP/27	3-Nov-22
	Dispatch Doc No.	Delivery Note Date
		30-Nov-22
	Dispatched through	Destination
	Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LD06-221-XXX-57-XX 18V Mols. downlighter	940511	500 Nos	640.00	Nos		3,20,000.00
	OUTPUT CGST @ 9%				9 %		28,800.00
	OUTPUT SGST @ 9%				9 %		28,800.00
							
Total			500 Nos				In ₹ 3,77,600.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Three Lakh Seventy Seven Thousand Six Hundred Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940511	3,20,000.00	9%	28,800.00	9%	28,800.00	57,600.00
Total	3,20,000.00		28,800.00		28,800.00	57,600.00

Tax Amount (in words) : Indian Rupees Fifty Seven Thousand Six Hundred Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042748

Branch & IFS Code : T.Nagar & UBIN0906911



This is a Computer Generated Invoice

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45558185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in	Invoice No.	Dated
	1221/22-23	24-Dec-22
	Delivery Note	Mode/Terms of Payment
	47672	
	Buyer's Order No.	Dated
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33	SKMC/KVBM/I/MEP/27	3-Nov-22
	Dispatch Doc No.	Delivery Note Date
		24-Dec-22
	Dispatched through	Destination
	Terms of Delivery	
	ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram.	

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LL20-541-XXX-65-AL2 40w Surface Mounted Battery	940511	65 Nos	550.00	Nos		35,750.00
	OUTPUT CGST @ 9%				9 %		3,217.50
	OUTPUT SGST @ 9%				9 %		3,217.50
Total			65 Nos				₹ 42,185.00

Amount Chargeable (in words)

E & O.E

Indian Rupees Forty Two Thousand One Hundred Eighty Five Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940511	35,750.00	9%	3,217.50	9%	3,217.50	6,435.00
Total	35,750.00		3,217.50		3,217.50	6,435.00

Tax Amount (in words)

Indian Rupees Six Thousand Four Hundred Thirty Five Only

Company's PAN : AFNPM9310B

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

Company's Bank Details:
Bank Name : Union Bank of India
A/c No. : 560361000042748
Branch & IFS Code : T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice

CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: <u>Shubhami Electrical</u>	DATE OF INSPECTION
Name of the project : <u>Kanvery medical - cone Building project 2B2</u>	
Package : <u>Paint work - fitting</u>	
Material Description :	
Quantity as per DC :	
D.C No & date :	
Date of receipt at Site :	
Batch No :	

S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender	✓			
2	Manufacturer certificate attached		✓		
3	Warranty certificate attached			✓	
4	Check for quality as per challan (in the remarks specify the check conducted and the result and whether it is accepted)	✓			
5	Check for dimensional stability	✓			
6	Check for colour	✓			
7	Check for breakages		✓		
8	Check for packing	✓			
9	Check for any defects		✓		
10	Make	✓			
11	Check for quantity as per challan				

COMMENTS

Test certificate attached.

CBRE

(S. Sampath)

VENDOR

D. J. J.

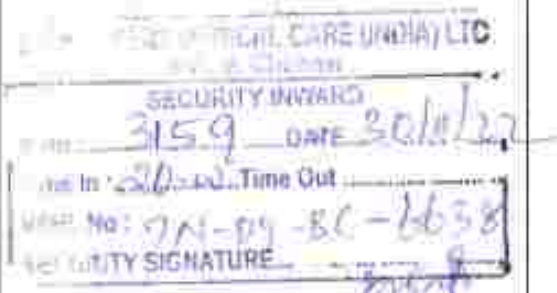
Material transfered to Mr. Gokhi Electrical

(S. Sampath)

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 600 041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No. 1089/22-23		Dated 30-Nov-22	
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note 47254		Mode/Terms of Payment	
		Buyer's Order No. SKMC/KVBM//P/MEP/27		Dated 3-Nov-22	
		Dispatch Doc No.		Delivery Note Date 4-Nov-22	
		Dispatched through		Destination	
		Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram			

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LW07-141-XXX-57-G1 BULK HEAD OUTPUT CGST @ 9% OUTPUT SGST @ 9% Loss : Round Off	940510	92 Nos	599.00	Nos		55,108.00
						9 %	4,959.72
						9 %	4,959.72
							(-)-0.44
							
	Total		92 Nos				INR 65,027.00

Amount Chargeable (in words): **Indian Rupees Sixty Five Thousand Twenty Seven Only** E & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	55,108.00	9%	4,959.72	9%	4,050.72	9,919.44
Total	55,108.00		4,959.72		4,959.72	9,919.44

Tax Amount (in words): **Indian Rupees Nine Thousand Nine Hundred Nineteen and Forty Four paise Only**

Company's PAN : **AFNPM9310B**

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

Company's Bank Details
 Bank Name : **Union Bank of India**
 A/c No. : **560361000042748**
 Branch & IFS Code : **T.Nagar & UBIN0904911**

for REFLECTIONS

 Authorized Signatory

This is a Computer Generated Invoice



Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref : SKMC / KVB / P / MEP / 27
03.11.2022

M/s. Sri. Kaveri Medical Care (India) Ltd
Unit - Kovilambakkam Village

No 047254

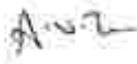
Party's GSTIN :

Date 04.11.2022

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	2 WOT-141-XXX-57-61	92 Nos		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

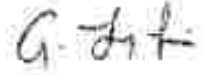
Received the above materials in good condition.

For REFLECTIONS


Signature

Name

9789969196
Contact No.



Authorised Signatory



CBRE

CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: <u>Shankh Electricals</u>		DATE OF INSPECTION			
Name of the project: <u>SRS KALUVERY MEDICAL</u>					
Package: <u>ELECTRICAL</u>					
Material Description: <u>18W MOLS DOWNLIGHT</u>					
Quantity as per DC: <u>500 NOS</u>					
S.C No & date: <u>1235 - 20.12.2022</u>					
Date of receipt at SHH: <u>20.12.2022</u>					
Batch No: <u>2</u>					
S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender	✓	-	-	
2	Manufacturer certificate attached	✓	-	-	
3	Warranty certificate attached	✓	-	-	
4	Check for quality as per challan (in this remarks specify the check conducted and the result and whether it is accepted)	✓	-	-	
5	Check for dimensional stability	✓	-	-	
6	Check for colour	✓	-	-	
7	Check for breakages	✓	-	-	NO breakages
8	Check for packing	✓	-	-	
9	Check for any defects	✓	-	-	NO defects
10	Make	✓	-	-	
11	Check for quantities as per challan	✓	-	-	
COMMENTS					
CBRE		VENDOR			
<u>Shankh Electricals</u>		<u>Shankh Electricals</u>			

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Netru Nagar K. Jivakum(OMR), Chennai - 600 041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: murali@reflectionschennai.in Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN: 33AABCK8115E1ZY State Name: Tamil Nadu, Code: 33	Invoice No:	Dated:
	1181/22-23	20-Dec-22
	Delivery Note:	Mode/Terms of Payment:
	47630	
	Buyer's Order No:	Dated:
	SKMC/KVBM/P/MEP/27	3-Nov-22
	Dispatch Doc No:	Delivery Note Date:
		20-Dec-22
	Dispatched through:	Destination:
	Terms of Delivery Ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tambaram	

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc %	Amount
1	LD06-221-XXX-57-XX 15W Mols downlighter	940511	500 Nos	640.00	Nos		3,20,000.00
	OUTPUT CGST @ 9%				9 %		28,800.00
	OUTPUT SGST @ 9%				9 %		28,800.00
							
	Total		500 Nos				₹ 3,77,600.00

Amount Chargeable (In words)

E & O E

Indian Rupees Three Lakh Seventy Seven Thousand Six Hundred Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940511	3,20,000.00	9%	28,800.00	9%	28,800.00	57,600.00
Total	3,20,000.00		28,800.00		28,800.00	57,600.00

Tax Amount (In words): Indian Rupees Fifty Seven Thousand Six Hundred Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042746

Branch & IFS Code : T.Nagar & UBIN0904911

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice



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CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: Shakti Electricals DATE OF INSPECTION 10.12.2022

Name of the project: SPE KANURAY MEDICAL CAMP

Package: PLUMBING LAL

Material Description: LE23-251-KKK-S7 XX BONDS
LE06-301-KKK-S7 SANI - BONDS

Quantity as per DC: -

D.C No & date: 1226 - 10.12.2022

Date of receipt at Site: 10.12.2022

Batch No: -

S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender	✓			
2	Manufacturer certificate attached	✓			
3	Warranty certificate attached	✓			
4	Check for quality as per challan (in the remarks specify the check conducted and the result and whether it is accepted)	✓			
5	Check for dimensional stability	✓			
6	Check for colour	✓			
7	Check for breakages	✓			NO breakages
8	Check for packing	✓			
9	Check for any defects	✓			NO DEFECTS
10	Make	✓			IN PROGRESS
11	Check for quantity as per challan	✓			

COMMENTS

CBRE

[Signature]
CS-Sangarsh

[Signature]
A.V. Jambhale

VENDOR

Shakti Electricals
SEERL

1) Client delivered material

2) Shakti Electrical received and stored

→ should be
JVN responsible
83 SE.
[Signature]
A.V. Jambhale

e-Way Bill



E-Way Bill No: 5014 4509 9971

E-Way Bill Date: 20/12/2022 12:54 PM

Generated By: 33AFN PM931 0B1ZQ - REFLECTIONS

Valid From: 20/12/2022 12:54 PM [14Kms]

Valid Until: 21/12/2022

Part - A

GS1IN of Supplier: 33AFNPM9310B1ZQ, REFLECTIONS

Place of Dispatch: Chennai, TAMIL NADU-600041

GS1IN of Recipient: 33AAB CK811 5E1ZY, SRI KALIVERY MEDICAL CARE (INDIA) LIMITED

Place of Delivery: KOVILAMBANKAM, TAMIL NADU-600117

Document No: 1181/22-23

Document Date: 20/12/2022

Transaction Type: Regular

Value of Goods: 377600

HSN Code: 9405 -

Reason for Transportation: Outward - Supply

Transporter:

Part - B

Mode	Vehicle / Trans Doc No & Dt.	From	Entered Date	Entered By	CEWB No. (If any)	Multi Veh. Info (If any)
Road	TN08BC663H	Chennai	20/12/2022 12:54 PM	33AFNPM/9310B1ZQ	-	-

Tax Invoice

(ORIGINAL FOR RECIPIENT)

REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kovilambakkam(OMR), Chennai - 600 041 Ph No. 044-45558185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in		Invoice No. 1140/22-23		Dated 10-Dec-22	
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK8115E1ZY State Name : Tamil Nadu, Code : 33		Delivery Note 47510		Mode/Terms of Payment	
		Buyer's Order No. SKMC/KVBM/P/MEP/27		Dated 3-Nov-22	
		Dispatch Doc No.		Delivery Note Date 9-Dec-22	
		Dispatched through		Destination	
		Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tamparam			

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	LE23-251-XXX-57-XX Imperia 20W	940510	80 Nos	1,800.00	Nos		1,28,000.00
2	LD06-301XXX-57SMG1 24W Mollia	940510	60 Nos	850.00	Nos		51,000.00
							1,79,000.00
					9 %		16,110.00
					9 %		16,110.00
			140 Nos				₹ 2,11,220.00

Amount Chargeable (in words) E. & O.E
Indian Rupees Two Lakh Eleven Thousand Two Hundred Twenty Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
940510	1,79,000.00	9%	16,110.00	9%	16,110.00	32,220.00
Total	1,79,000.00		16,110.00		16,110.00	32,220.00

Tax Amount (in words) : **Indian Rupees Thirty Two Thousand Two Hundred Twenty Only**

Company's PAN : **AFNPM9310B**
 Declaration
 We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

Company's Bank Details
 Bank Name : **Union Bank of India**
 A/c No. : **560361000042748**
 Branch & IFS Code : **T.Nagar & UBIN0904911**

for REFLECTIONS

 Authorized Signatory

This is a Computer Generated Invoice

e-Way Bill



E-Way Bill No: 5314 4164 3698

E-Way Bill Date: 10/12/2022 11:17 AM

Generated By: 33AFN PM931 0B1ZQ - REFLECTIONS

Valid From: 10/12/2022 11:17 AM [14Krs]

Valid Until: 11/12/2022

Part - A

GSTIN of Supplier: 33AFNPM9310B1ZQ, REFLECTIONS

Place of Dispatch: Chennai, TAMIL NADU-600041

GSTIN of Recipient: 33AAB CK811 5E1ZY, SHI KAUVERY MEDICAL CARE (INDIA) LIMITED

Place of Delivery: CHENNAI, TAMIL NADU-600129

Document No.: 1140/22-23

Document Date: 10/12/2022

Transaction Type: Bill To - Ship To

Value of Goods: 211220

HSN Code: 940510 -

Reason for Transportation: Outward - Supply

Transporter

Part - B

Mode	Vehicle / Trans Doc No & Dt	From	Entered Date	Entered By	CEWB No. (If any)	Multi Veh. Info (If any)
Road	TH030/0609	Chennai	10/12/2022 11:17 AM	33AFNPM9310B1ZQ		



531441643698

CHECK LIST FOR MATERIAL INSPECTION

VENDOR NAME: <u>Shakti Electricals</u>		DATE OF INSPECTION: <u>3.01.2023</u>			
Name of the project	: <u>KOUVERY MEDICAL CARE</u>				
Package	: <u>ELECTRICAL</u>				
Material Description	: <u>CRC024R030HPS7 612KH(2x2) fitting</u>				
Quantity as per DC	: <u>18 NOS, unknown brands</u>				
D.C No & date	: <u>303</u>				
Date of receipt at Site	: <u>3.01.2023</u>				
Batch No	:				
S.NO.	ACTION	Result			REMARKS
		Y	N	NA	
1	Check for specifications as per Tender	✓	-	-	
2	Manufacturer certificate attached	✓	-	-	
3	Warranty certificate attached	✓	-	-	
4	Check for quality as per challan (in the remarks specify the check conducted and the result and whether it is accepted)	✓	-	-	
5	Check for dimensional stability	✓	-	-	
6	Check for colour	✓	-	-	
7	Check for breakages	✓	-	-	<u>NO breakages</u>
8	Check for packing	✓	-	-	
9	Check for any defects	✓	-	-	<u>NO defects</u>
10	Make	✓	-	-	<u>WIPRO</u>
11	Check for quantity as per challan	✓	-	-	
COMMENTS:					
CBRE		VENDOR: <u>Shakti</u> <u>ELUMULOT SH</u> <u>SECL</u>			

Tax Invoice

REFLECTIONS Plot Nos. 59&70, 2nd Link Street, Nehru Nagar Kottivakkam (OMR), Chennai - 600 041 Ph No. 044-45556185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name: Tamil Nadu, Code: 33 E-Mail: munsil@reflectionschennai.in	Invoice No.	Dated
	1290/22-23	3-Jan-23
Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN: 33AABCK8115E1ZY State Name: Tamil Nadu, Code: 33	Delivery Note	Mode/Terms of Payment
	47760,47512,47626	
	Buyer's Order No.	Dated
	SKMC/KVBM/P/MEP/27	3-Nov-22
	Dispatch Doc No.	Delivery Note Date
		3-Jan-23
	Dispatched through	Destination
Terms of Delivery ship to: Sri Kauvery Medical Care (India) Ltd Kovilambakkam Tamaram		

Sl No	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 2x2 Fixtme	940511	50 Nos	1,345.00	Nos		67,250.00
	OUTPUT CGST @ 9%				9 %		6,052.50
	OUTPUT SGST @ 9%				9 %		6,052.50
Total			50 Nos				₹ 79,355.00

Amount Chargeable (in words)

E & O E

Indian Rupees Seventy Nine Thousand Three Hundred Fifty Five Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940511	67,250.00	9%	6,052.50	9%	6,052.50	12,105.00
Total	67,250.00		6,052.50		6,052.50	12,105.00

Tax Amount (in words) Indian Rupees Twelve Thousand One Hundred Five Only

Company's PAN : AFNPM9310B

Declaration

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

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 560361000042748

Branch & IFS Code : T.Nagar & UBIN0904911



This is a Computer Generated Invoice

3626 03/01/23
 (2-11) Home One
 7A-03-PP-7610
 SECURITY SIGNATURE



Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s. Sri Kaveri Medical Care Pvt. Ltd.
Kovilambakkam, Chennai

No 047626

Party's GSTIN :

Date 19.12.2022

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	CR024R030HP5763KH	1 no		For Sample purpose
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Received the above materials in good condition.

For REFLECTIONS

Signature

Name

Contact No.

G. Jyoti

Authorised Signatory



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam,
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s. SRI KALIVERY MEDICAL CARE (I) LTD
SURVEY No: 18/2BJA 18/282 82/2A 82/2B 2C

No 047760

Party's GSTIN :

Date 3/01

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	<u>CRCD24R03DHP57G2KH</u>	<u>48</u>		
2.	<u>GPSK-239-GTEK</u>	<u>100</u>		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

SRI KALIVERY

DATE INVOICE

SECURITY SIGNATURE

S.No. 36026

DATE 02/01

Time In: 12:00

Time Out: 12:00

VEH. No: 4N-03-88-78

SECURITY SIGNATURE

Received the above materials in good condition.

For REF

Signature

Name

Contact No.

Author



Bright Ideas

DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam,
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B1ZQ

Your Ref :

M/s. SRI KANVEER MEDICAL (INDIA) LTD. No 047512
SEND 15/2B1A, 1/2B2, 22/1A10
 Party's GSTIN KPVMAMBANKAM, CHENNAI Date 9/11

S. No.	Description of Material	Qty- Nos.	Rate Rs.	Remarks
1.	CR102ARD30HP57G2KH 1 ro			
2.	/			
3.				
4.				
5.				
6.				
7.	SRI KANVEER MEDICAL (INDIA) LTD. SECURITY INWARD S.No. <u>5146</u> Date <u>03/11/22</u> Time in <u>12</u> out <u>1:00</u> VEH. No. <u>KA-02-SP-7610</u> SECURITY SIGNATURE <u>[Signature]</u> For REFLECTIONS			
8.				
9.				

Received the above materials in good condition.

Signature

Name

775588 60674

Contact No.

Author

Tax Invoice

(ORIGINAL FOR RECIPIENT)

e-Invoice

IRN : 20f1652ec14786c4b19fde686936634fb00e2e327a7109a1-
 f867ff946a299a36
 Ack No. : 152314597012255
 Ack Date : 10-May-23



REFLECTIONS Plot Nos.69&70, 2nd Link Street, Nehru Nagar Kottivakkam(OMR), Chennai - 800041 Ph No. 044-45558185/86 GSTIN/UIN: 33AFNPM9310B1ZQ State Name : Tamil Nadu, Code : 33 E-Mail : murali@reflectionschennai.in Consignee (Ship to) Sri Kauvery Medical Care (India) Ltd Survey No.18/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/ Kovilambakkam Chennai 600117 State Name : Tamil Nadu, Code : 33 Buyer (Bill to) Sri Kauvery Medical Care (India) Ltd Old No.17/A, New No.8A Murray's Gate Road Alwarpet Chennai - 600 018 GSTIN/UIN : 33AABCK3115E1ZY State Name : Tamil Nadu, Code : 33		Invoice No.		Dated	
		230143		10-May-23	
		Delivery Note		Mode/Terms of Payment	
		48622			
		Reference No. & Date.		Other References	
		Buyer's Order No.		Dated	
		SKMC/KVBM/P/MEP/27		3-Nov-22	
		Dispatch Doc No.		Delivery Note Date	
				10-May-23	
		Dispatched through		Destination	
		Terms of Delivery			

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
1	CRCO24R030HP57G2KH 30W 2X2 Kombut RM	940510	20 Nos	1,345.00	Nos		26,900.00
2	GPSK-239-GTECH Susp wire Tmr Kombut	940510	40 Nos				26,900.00
	OUTPUT CGST @ 9%				9 %		2,421.00

continued to page number 2

This is a Computer Generated Invoice

5438
 1620
 20 09 6C 638
 01

Tax Invoice (Page 2)

(ORIGINAL FOR RECIPIENT)

REFLECTIONS

Plot Nos.69&70, 2nd Link Street, Nehru Nagar
Kottivakkam(OMR), Chennai - 600041
Ph No. 044-45558185/86
GSTIN/UIN: 33AFNPM9310B1ZQ
State Name : Tamil Nadu, Code : 33
E-Mail : murali@reflectionschennai.in

Consignee (Ship to)

Sri Kauvery Medical Care (India) Ltd
Survey No.19/21 B1A 18/2A222/1A1A 22/2A 22/2B & 22/
Kovilambalam
Chennai
600117

State Name : Tamil Nadu, Code : 33

Buyer (Bill to)

Sri Kauvery Medical Care (India) Ltd
Okt No.17/A, New No.8A
Murray's Gate Road
Alwarpet
Chennai - 600 018

GSTIN/UIN : 33AABCK8115E1ZY

State Name : Tamil Nadu, Code : 33

Invoice No.

230143

Dated

10-May-23

Delivery Note

48622

Mode/Terms of Payment

Reference No. & Date.

Other References

Buyer's Order No.

SKMC/KVBM/P/MEP/27

Dated

3-Nov-22

Dispatch Doc No.

Delivery Note Date

Dispatched through

10-May-23

Destination

Terms of Delivery

SI No.	Description of Goods	HSN/SAC	Quantity	Rate	per	Disc. %	Amount
	OUTPUT SGST @ 9%				9 %		2,421.00
Total			60 Nos				₹ 31,742.00

Amount Chargeable (in words)

Indian Rupees Thirty One Thousand Seven Hundred Forty Two Only

E & O.E

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
940510	29,900.00	9%	2,421.00	0%	2,421.00	4,842.00
Total	29,900.00		2,421.00		2,421.00	4,842.00

Tax Amount (in words) : Indian Rupees Four Thousand Eight Hundred Forty Two Only

Company's PAN : AFNPM9310B

Company's Bank Details

Bank Name : Union Bank of India

A/c No. : 550361000042748

Branch & IFSC Code : T.Nagar & UBIN0904911

Declaration

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

RCM - No

for REFLECTIONS

Authorized Signatory

This is a Computer Generated Invoice



DELIVERY CHALLAN REFLECTIONS

Authorised Stockist for WIPRO Luminaires & Lamps
Plot Nos. 69 & 70, Second Link Street, Nehru Nagar, Kottivakkam, (OMR)
Chennai - 600 041. Phone : 4555 6185 / 4555 6186

GSTIN : 33AFNPM9310B12Q

Your Ref : SKMC/KUBM/P/MEP/27

03.11.2022

M/s. Sri Kavya Medical Care (India) Ltd. No 048622
Survey No. 18/2B1A, 18/2B2, 22/1A1A, 22/2A, 22/2B

Party's GSTIN of 22/2C, Kottivakkam - 600 117 Date 10.05.2023

S. No.	Description of Material	Qty. Nos.	Rate Rs.	Remarks
1.	CRCO24R030HP57G2KH	20 NOS		
2.	GPSK-239-GTEK	40 NOS		
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Received the above materials in good condition.

For REFLECTIONS



Name

Contact No.



Authorised Signatory

May 31, 2024

SRI KAUVERY MEDICAL CARE INIDA LIMITEDNew No. 17a, Old No. 8a, Murray's Gate Road, Alwarpet, Chennai,
Tamil Nadu-600018

Dear Customer,

Sub: Commercial General Liability Plus Policy No. 3117205460190201000

We thank you for having preferred us for your Insurance requirements. We at HDFC ERGO General Insurance believe "Insurance" as not only to be an assurance to indemnify in the event of unfortunate circumstances, but one that signifies protection and support, which you can count on when you need it most.

The Insurance Policy enclosed herewith is a written agreement providing confirmation of our responsibility towards you that puts insurance coverage into effect against stipulated perils.

Please note that the policy has been issued based on the information contained in the proposal form and / or documents received from you or through the Intermediary.

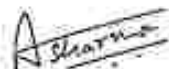
Name of the Intermediary: ZEAL DIRECT & RE INSURANCE BROKING SERVICES PVT LTD CBG CENTRAL
Intermediary Code: 201826663062

Where the proposal form is not received, information obtained from you or your representative /broker, whether orally or otherwise, is captured in the policy document.

If you wish to contact us in reference to your existing policy and /or other general insurance solutions offered by us, you may write to our correspondence address as mentioned below. Alternatively, you may visit our website www.hdfcergo.com. To enable us to serve you better, you are requested to quote your Policy Number in all correspondences.

Thanking you once again for choosing HDFC ERGO General Insurance Company Limited and looking forward to many more years of association.

Yours sincerely,



Authorised Signatory



Commercial General Liability Plus Policy

FOR

SRI KAUVERY MEDICAL CARE INIDA LIMITED

Producer: ZEAL DIRECT & RE INSURANCE BROKING SERVICES PVT LTD CBG CENTRAL

HDFC ERGO General Insurance Company Limited



Commercial General Liability Plus Policy

Schedule of Forms

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

The following is a Schedule of Forms issued as of the date shown above.

Form Number	Form Name	Effective Date	Date Issued
75-02-0006	Title Page	13 May 2024	31 May 2024
75-02-0009	Schedule Of Forms	13 May 2024	31 May 2024
75-02-0007	Insuring Agreement	13 May 2024	31 May 2024
GL-02-0013	Declaration	13 May 2024	31 May 2024
75-02-0008	Premium Summary	13 May 2024	31 May 2024
Xx-xx-xx01	Endorsement - Claims Adjustment Expenses Reducing Limits	13 May 2024	31 May 2024
Xx-xx-xx02	Endorsement - Absolute Errors & Omissions Exclusion	13 May 2024	31 May 2024
Xx-xx-xx03	Professional Liability Exclusion (As per form)	13 May 2024	31 May 2024
Xx-xx-xx04	War/ Terrorism Exclusion (As per form)	13 May 2024	31 May 2024
GL-03-0005	Act of God peril Cover (As per form)	13 May 2024	31 May 2024
GL-03-0078	Food and Beverage Cover (As per form)	13 May 2024	31 May 2024
GL-03-0094	Lift / Escalators liability (As per form)	13 May 2024	31 May 2024
GL-03-0002	72 hour sudden and accidental Policy T&J – India	13 May 2024	31 May 2024
GL-03-0046	Endorsement – Designated Premises - as mentioned above	13 May 2024	31 May 2024
Xx-xx-xx05	Exclusion - Product Completed Operations	13 May 2024	31 May 2024
Xx-xx-xx06	Exclusionb - Cyber risk	13 May 2024	31 May 2024
GL-03-0083	Exclusion- Medical Malpractice	13 May 2024	31 May 2024
Xx-xx-xx07	Exclusion- Injury/Damage to occupants/ patient.	13 May 2024	31 May 2024
Xx-xx-xx08	Extension – Advertising Injury/ Personal Injury.	13 May 2024	31 May 2024
GL-03-0037	Extension – Damage to premises rented to you (Fire Damage) –	13 May 2024	31 May 2024



	Sublimit INR 500,000 per Occurrence and in aggregate		
Xx-xx-xx09	Extension – Traveling Executives Worldwide Extension	13 May 2024	31 May 2024
Xx-xx-xx10	Exclusion – Property Damage to Electronic Data	13 May 2024	31 May 2024
GL-03-0004	Exclusion –Sexual and Molestation	13 May 2024	31 May 2024
Xx-xx-xx11	Exclusion –Clinical Trial	13 May 2024	31 May 2024
Xx-xx-xx12	Exclusion –Injury/Damage to occupants/ inpatient	13 May 2024	31 May 2024
GL-03-0152	Endorsement - Valet Parking Sub Limited to INR 50 Lakhs T&J - India	13 May 2024	31 May 2024
GL-03-0137	Endorsement - Terrorism liability coverage sub limited to INR 5,000,000 T&J –India	13 May 2024	31 May 2024
GL-03-0042	Defence cost within limit of liability	13 May 2024	31 May 2024
GL-03-0026	Claim Series clause	13 May 2024	31 May 2024
Xx-xx-xx13	Terrorism Legal Liability T&J India	13 May 2024	31 May 2024
GL-03-0081	Additional Insured wherever required by written contract	13 May 2024	31 May 2024
Xx-xx-xx14	Waiver of subrogation wherever required by written contract	13 May 2024	31 May 2024
Xx-xx-xx15	War & Civil War Exclusion	13 May 2024	31 May 2024
GL-03-0152	Valet Parking Extension Sub Limited to 10% on the LOI in aggregate	13 May 2024	31 May 2024
GL-03-0036	Gross Liabilit (as per from)	13 May 2024	31 May 2024
Xx-xx-xx16	Cover for Minor Civil work, Renovation, Repair and refurbishment Sub Limited to 10% on the LOI in aggregate	13 May 2024	31 May 2024
GL-03-0025	Carriage of Effluents (outside the premises) upto 5 kms	13 May 2024	31 May 2024
Xx-xx-xx17	care, custody & Control endorsement Sub Limited to 10% on LOI in aggregate	13 May 2024	31 May 2024
GL-03-0136	Tenants Legal Liability Sub Limited to 10% on the LOI in aggregate	13 May 2024	31 May 2024
Xx-xx-xx18	Arbitration clause	13 May 2024	31 May 2024
Xx-xx-xx19	PFAS Exclusion	13 May 2024	31 May 2024
GL-03-0160	Claims Made Wording	13 May 2024	31 May 2024
Xx-xx-xx20	Exclusion - Russia, Ukraine and belarus exposure	13 May 2024	31 May 2024



Insuring Agreement

HDFC ERGO GENERAL INSURANCE COMPANY LIMITED

6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri (East)
Mumbai 400 059
India

Named Insured and Mailing Address:

SRI KAUVERY MEDICAL CARE INIDA LIMITED

New No.17a, Old No. 8a, Murray's Gate Road, Alwarpet,
Chennai, Tamil Nadu-600018

Pan Card Number - AAGCC4891G

Policy No : 3117205460190201000

Effective Date : 13 May 2024

Issued by the insurance company indicated below,
herein called the Company

Producer No: 201826663062

Producer: ZEAL DIRECT & RE INSURANCE
BROKING SERVICES PVT LTD CBG
CENTRAL

HDFC ERGO General Insurance Company Limited

Incorporated Under The Laws Of India, Licensed To
Do Business In India.

Company and Policy Period

Insurance is issued by the Company in consideration of payment of the required premium.

This policy is issued for the period 12:01 A.M. standard time at the Named Insured's Mailing Address shown above.

From: From: 13 May 2024 To: 12 May 2025

Your acceptance of this policy terminates, effective with the inception of this policy, any prior policy of the same number issued to you by us.

This Insuring Agreement together with the Premium Summary, Schedule of Forms, Declarations, Insurance Contract and Endorsements comprise this policy.

The terms of this policy shall not be waived or changed, except by Endorsements issued to form a part of this policy.

In Witness Whereof, the Company issuing this policy has caused this policy to be signed by an Authorized Representative of the Company.

FOR AND BEHALF OF
HDFC ERGO GENERAL INSURANCE COMPANY LIMITED
(Incorporated in India)

Authorized Representative

Date: 31 May 2024

Goods & Services Tax Registration No: 33AABCL5045N1ZF

The contract will be cancelled ab initio in case, the consideration under the policy is not realized.



The contract will be cancelled ab initio in case, the consideration under the policy is not realized. The stamp duty of Rs. 0.5/- Fifty Paise only paid by Demand Draft, vide Receipt/Challan no. Order Certificate, NO.LOA/ENF-1/CSD/34/2023/ (Validity Period Dt. 28/12/2023 to Dt. 31/12/2026 /5045 Date 27/Dec/2023 GRN NO. MHD11651000202324M Dt. 30/11/2023 Defacement No. 0006692200202324 Dt. 21/12/2023, as prescribed in Government as prescribed in Government Notification Revenue and Forest Department No Mudranik - 2017/CPL97/M-1, dated the 09th January 2018.

Note: Where the proposal form is not received, information obtained from insured, whether orally or otherwise, is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 15 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Branch : RR TOWER 2, 2ND FLOOR NO.94/95 T.V.K INDUSTRIAL ESTATE, GUINDY CHENNAI, 600032.

Warranties:

Warranted that there are no known losses and /or circumstances that may lead to losses or claims under this policy (except the claims and / or circumstances already reported to HDFC ERGO General Insurance Co. Ltd.).

This policy is issued basis the information and representations provided by or on behalf of the insured (whether by way of a proposal form or otherwise), and it is thus warranted that such information/representations are true, accurate, and complete, and that no other material information has been withheld.

If the policy document, schedule or endorsement contains any inadvertent error or omission in regards the information provided to us, you are requested to inform us within 15 days of receipt of the policy document so that we can correct any such error or omission.

This is with reference to the KYC norms prescribed by the Authority, whereby this policy is being issued relying on the undertaking / power of attorney / letter of authorisation / Board resolution provided by the authorized signatory of your Entity. Should the signatory be not authorized to provide such a declaration, please inform the Company within 15 days from the date of receipt of this policy.



Commercial General Liability Plus Policy

Declarations

HDFC ERGO GENERAL INSURANCE
COMPANY LIMITED
6TH Floor, Leela Business Park,
Andheri Kurla Road, Andheri (East)
Mumbai 400 059
India

Named Insured and Mailing Address
SRI KAUVERY MEDICAL CARE INIDA LIMITED
New No.17a, Old No. 8a, Murray's Gate Road, Alwarpet,
Chennai, Tamil Nadu-600018

Policy No : 3117205460190201000
Effective Date : 13 May 2024

Issued by the insurance company indicated below,
herein called the Company

Pan Card Number - AAGCC4891G

Producer No. 201826663062

HDFC ERGO General Insurance Company Limited

Producer **ZEAL DIRECT & RE INSURANCE
BROKING SERVICES PVT LTD CBG
CENTRAL**

Incorporated Under The Laws Of India, Licensed To
Do Business In India

Policy Period

From: 13 May 2024 To: 12 May 2025

12:01 A.M. standard time at the Named Insured's Mailing Address shown above.

Limits of Liability

General Aggregate Limit (Other than Product - Completed Operations)	INR 100,000,000 Per Occurrence and INR 100,000,000 in aggregate
Product / Completed Operations Limit	NA
Total Aggregate Limit	INR 100,000,000
Fire Damage Limit (part of General Aggregate Limit)	INR 500,000 per Occurrence and in aggregate
Medical Expense Limit (part of General Aggregate Limit)	NA
Supplementary Payments Limit	NA

Business Description: Hospital

Retro active date : 13th May 2020

Deductibles:

General Aggregate-INR 100,000 for each every claim
Product / Completed Operations- NA



Coverage Territory

General Aggregate	: India
Product and Completed Operations	: India

Coverage Jurisdiction

General Aggregate	: India
Product and Completed Operations	: India



Commercial General Liability Plus Policy

Premium Summary

Named Insured and Mailing Address :

SRI KAUVERY MEDICAL CARE INIDA LIMITED
New No.17a, Old No. 8a, Murray's Gate Road,
Alwarpet, Chennai, Tamil Nadu-600018

PAN Card Number: AAGCC4891G

Producer No: 201826663062

Producer: ZEAL DIRECT & RE INSURANCE
BROKING SERVICES PVT LTD CBG
CENTRAL

HDFC ERGO General Insurance Company Limited
6th Floor, Leela Business Park, Andheri-Kurla
Road, Andheri(E), Mumbai 400 059.

Policy Number: 3117205460190201000
Effective Date : 13 May 2024

Issued by the insurance company indicated below,
herein called the Company

HDFC ERGO General Insurance Company Limited
Incorporated under the laws of India,
licensed to do business in India

Policy Period

From: 13 May 2024 To: 12 May 2025
12:01 A.M. standard time at the Named Insured's Mailing Address shown above.

Premium Payment

The first Named Insured shown in the Declarations is responsible for the payment of all premiums and will be the payee for any
return premiums we pay.

Premium

Premium Details	Amount (Rs.)
Net Premium	80,000.00
GST 18% + Central Tax 9% (8,100) + State Tax 9% (8,100)	14,400.00
Total Premium	94,400.00
Invoice Number :	205460190201000
GSTN :	33AABCK8115ETZY
Place of Supply	TAMIL NADU
SAC Code	9971

PREMIUM BASIS:
Estimate Sales: INR 9,830,000,000
Premium Rate: per Rs.1,000 of Sales



Payment of premium by or on behalf of the Insured Persons is accepted by the Company including all past and future Insured Persons in witness whereof, the Company has caused this policy to be signed by its authorised employee.	
For Claim Services : 022 - 6234 6234 / 0120 - 6234 6234	E-mail : care@hdfcergo.com
Address	8th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (E), Mumbai 400 059.
For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.	
If the premium is not realised the policy shall be void from inception. Please note that any misrepresentation, non-disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non-consideration of claim, if any.	
Goods & Services Tax Registration No: 27AABCL5045N1ZB	
* The stamp duty of ₹ 0.50 paid by Demand Draft, vide Receipt/Challan no. 3971898201415 dated 10/03/2015 as prescribed in Government of Maharashtra Order No. Mustank - 2017/CR.97/M-1, dated the 08th January 2018*. Goods and Services Tax for this invoice is not payable under reverse charge basis.	
I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the Central Goods and Services Tax Act, 2017 and the Rules thereunder.	
Policy Issuing Branch : 8th Floor, Andheri Kurla Road, Andheri (East), Mumbai, MAHARASHTRA 400059	

Note: Where the proposal form is not received, information obtained from insured, whether orally or otherwise, is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 15 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.

For HDFC ERGO General Insurance Company Ltd

Authorized Signatory



COMMERCIAL GENERAL LIABILITY PLUS POLICY

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Policy Schedule, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II - Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section VI -Definitions.

SECTION I – COVERAGES

COVERAGE A - BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But

- (1) The amount we will pay for damages is limited as described in Section III - Limits Of Insurance; and
- (2) Our right to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments - Coverages A and B.

b. This insurance applies to "bodily injury" and "property damage" only if:



- (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";
 - (2) The "bodily injury" or "property damage" occurs during the policy period; and
 - (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II - Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.
- c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II - Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.
- d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II - Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:
- (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
 - (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
 - (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.
- e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

All claims for damages because of "bodily injury" to the same person, including damages claimed by any person or organization for care, loss of services, or death resulting at any time from the "bodily injury", will be deemed to have been made at the time the first of those claims is made against any insured.

All claims for damages because of "property damage" causing loss to the same person or organization will be deemed to have been made at the time the first of those claims is made against any insured.

2. Exclusions

This insurance does not apply to:

a. Expected Or Intended Injury



"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

b. Contractual Liability

"Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

- (1) That the insured would have in the absence of the contract or agreement; or
- (2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an "insured contract", reasonable attorneys' fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of "bodily injury" or "property damage", provided:
 - (a) Liability to such party for, or for the cost of, that party's defense has also been assumed in the same "insured contract"; and
 - (b) Such attorneys' fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

c. Liquor Liability

"Bodily injury" or "property damage" for which any insured may be held liable by reason of:

- (1) Causing or contributing to the intoxication of any person;
- (2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- (3) Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in:

- (a) The supervision, hiring, employment, training or monitoring of others by that insured; or
- (b) Providing or failing to provide transportation with respect to any person that may be under the influence of alcohol.

If the "occurrence" which caused the "bodily injury" or "property damage", involved that which is described in Paragraph (1), (2) or (3) above.

However, this exclusion applies only if you are in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages. For the purposes of this exclusion, permitting a person to bring alcoholic beverages on your



premises, for consumption on your premises, whether or not a fee is charged or a license is required for such activity, is not by itself considered the business of selling, serving or furnishing alcoholic beverages.

d. Workers' Compensation And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

e. Employer's Liability

"Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

f. Pollution

(1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants".

(a) At or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured. However, this subparagraph does not apply to:

(i) "Bodily injury" if sustained within a building and caused by smoke, fumes, vapor or soot produced by or originating from equipment that is used to heat, cool or dehumidify the building, or equipment that is used to heat water for personal use, by the building's occupants or their guests;

(ii) "Bodily injury" or "property damage" for which you may be held liable, if you are a contractor and the owner or lessee of such premises, site or location has been added to your policy as an additional insured with respect to your ongoing



operations performed for that additional insured at that premises, site or location and such premises, site or location is not and never was owned or occupied by, or rented or loaned to, any insured, other than that additional insured; or

(iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire";

(b) At or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste;

(c) Which are or were at any time transported, handled, stored, treated, disposed of, or processed as waste by or for:

(i) Any insured; or

(ii) Any person or organization for whom you may be legally responsible; or

(d) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the "pollutants" are brought on or to the premises, site or location in connection with such operations by such insured, contractor or subcontractor. However, this subparagraph does not apply to:

(i) "Bodily injury" or "property damage" arising out of the escape of fuels, lubricants or other operating fluids which are needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of "mobile equipment" or its parts; if such fuels, lubricants or other operating fluids escape from a vehicle part designed to hold, store or receive them. This exception does not apply if the "bodily injury" or "property damage" arises out of the intentional discharge, dispersal or release of the fuels, lubricants or other operating fluids, or if such fuels, lubricants or other operating fluids are brought on or to the premises, site or location with the intent that they be discharged, dispersed or released as part of the operations being performed by such insured, contractor or subcontractor;

(ii) "Bodily injury" or "property damage" sustained within a building and caused by the release of gases, fumes or vapors from materials brought into that building in connection with operations being performed by you or on your behalf by a contractor or subcontractor; or

(iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire"

(e) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants".

(2) Any loss, cost or expense arising out of any:



(a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants", or

(b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

g. Aircraft, Auto Or Watercraft

"Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading".

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

(1) A watercraft while ashore on premises you own or rent;

(2) A watercraft you do not own that is:

(a) Less than 26 feet long; and

(b) Not being used to carry persons or property for a charge;

(3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;

(4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

(5) "Bodily injury" or "property damage" arising out of:

(a) The operation of machinery or equipment that is attached to, or part of, a land vehicle that would qualify under the definition of "mobile equipment" if it were not subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged; or



(b) The operation of any of the machinery or equipment listed in Paragraph f.(2) or f.(3) of the definition of "mobile equipment".

h. Mobile Equipment

"Bodily injury" or "property damage" arising out of:

- (1) The transportation or Use of "mobile equipment" by an "auto" owned or operated by or rented or loaned to any insured; or
- (2) The use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

i. War& Terrorism

"Bodily injury" or "property damage", however caused, arising, directly or indirectly, out of:

- (1) War, including undeclared or civil war;
- (2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
- (4) "Act of Terrorism"

j. Damage to Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you;
- (4) Personal property in the care, custody or control of the insured;
- (5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.



Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you for a period of seven or fewer consecutive days. A separate limit of insurance applies to Damage to Premises Rented to You as described in Section III - Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard".

k. Damage To Your Product

"Property damage" to "your product" arising out of it or any part of it.

l. Damage to Your Work

"Property damage" to "your work" arising out of it or any part of it and included in the "products-completed operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on your behalf by a subcontractor.

m. Damage To Impaired Property Or Property Not Physically Injured

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

- (1) A defect, deficiency, inadequacy or dangerous condition in "your product" or "your work", or
- (2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "your product" or "your work" after it has been put to its intended use.

n. Recall Of Products, Work Or Impaired Property

Damages claimed for any loss, cost or expense incurred by you or others for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of:



(1) "Your product";

(2) "Your work"; or

(3) "Impaired property";

if such product, work, or property is withdrawn or recalled from the market or from use by any person or organization because of a known or suspected defect, deficiency, inadequacy or dangerous condition in it.

o. Personal And Advertising Injury

"Bodily injury" arising out of "personal and advertising injury".

p. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

q. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

(1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or any other similar law in any other jurisdiction time being in force, or

(2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law or any other similar law in any other jurisdiction time being in force, or

(3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA); or any other similar law in any other jurisdiction time being in force, or

(4) Any federal, state or local statute, ordinance or regulations, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions or any other similar law in any other jurisdiction time being in force, or that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.



Exclusions c. through n. do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section III - Limits Of Insurance.

r. Asbestos

"Bodily Injury" or "Property Damage" arising out of or related in any way to asbestos or asbestos – containing materials.

s. Radioactive contamination

"Bodily Injury" or "Property Damage" directly or indirectly caused by, in connection with or contributed to, by or arising from:

1. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
2. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

t. 1. Fines or Penalties; or

2. Liquidated, punitive or exemplary damages or multiplication of awards

u. Professional liability

"Bodily Injury" or "Property Damage" directly or indirectly caused by, in connection with or contributed to, by or arising from the rendering or failure to render professional advice or service by the insured, or any error or omission in connection therewith.

However, this Exclusion shall not apply to:

- (i) The insured's liability in respect of "Bodily Injury" or "Property Damage" resulting from the provision of professional advice or services, or any error or omission in connection with the insured's products which is not given for a fee; or
- (ii) The rendering or failure to render professional advice by any employee to provide first aid or other medical services at the insured's premises.

Medical services exclude advice or services provided by a qualified medical practitioner, nurse or first-aid attendant.

COVERAGE B - PERSONAL AND ADVERTISING INJURY LIABILITY

1. Insuring Agreement



a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "personal and advertising injury" to which this insurance applies. We will have the right to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "personal and advertising injury" to which this insurance does not apply. We may, at our discretion, investigate any offense and settle any claim or "suit" that may result. But:

(1) The amount we will pay for damages is limited as described in Section III - Limits Of Insurance; and

(2) Our right to defend end when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments - Coverages A and B.

b. This insurance applies to "personal and advertising injury" caused by an offense arising out of your business but only if the offense was committed in the "coverage territory" during the policy period.

2. Exclusions

This insurance does not apply to:

a. Knowing Violation of Rights of Another

"Personal and advertising injury" caused by or at the direction of the insured with the knowledge that the act would violate the rights of another and would inflict "personal and advertising injury".

b. Material Published With Knowledge of Falsity

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material, if done by or at the direction of the insured with knowledge of its falsity.

c. Material Published Prior To Policy Period

"Personal and advertising injury" arising out of oral or written publication, in any manner, of material whose first publication took place before the beginning of the policy period.

d. Criminal Acts

"Personal and advertising injury" arising out of a criminal act committed by or at the direction of the insured.



e. Contractual Liability

"Personal and advertising injury" for which the insured has assumed liability in a contract or agreement. This exclusion does not apply to liability for damages that the insured would have in the absence of the contract or agreement.

f. Breach of Contract

"Personal and advertising injury" arising out of a breach of contract, except an implied contract to use another's advertising idea in your "advertisement".

g. Quality or Performance of Goods - Failure To Conform To Statements

"Personal and advertising injury" arising out of the failure of goods, products or services to conform with any statement of quality or performance made in your "advertisement".

h. Wrong Description of Prices

"Personal and advertising injury" arising out of the wrong description of the price of goods, products or services stated in your "advertisement".

i. Infringement Of Copyright, Patent, Trademark Or Trade Secret

"Personal and advertising injury" arising out of the infringement of copyright, patent, trademark, trade secret or other intellectual property rights. Under this exclusion, such other intellectual property rights do not include the use of another's advertising idea in your "advertisement".

However, this exclusion does not apply to infringement, in your "advertisement", of copyright, trade dress or slogan or other intellectual property rights.

j. Insureds in Media And Internet Type Businesses

"Personal and advertising injury" committed by an insured whose business is:

- (1) Advertising, broadcasting, publishing or telecasting;
- (2) Designing or determining content of web sites for others; or
- (3) An Internet search, access, content or service provider.

However, this exclusion does not apply to Paragraphs 14 a., b. and c. of "personal and advertising injury" under the Definitions section.



For the purposes of this exclusion, the placing of frames, borders or links, or advertising, for you or others anywhere on the Internet, is not by itself, considered the business of advertising, broadcasting, publishing or telecasting.

k. Electronic Chat rooms Or Bulletin Boards

"Personal and advertising injury" arising out of an electronic chatroom or bulletin board the insured hosts, owns, or over which the insured exercises control.

l. Unauthorized Use Of Another's Name Or Product

"Personal and advertising injury" arising out of the unauthorized use of another's name or product in your e-mail address, domain name or metatag, or any other similar tactics to mislead another's potential customers.

m. Pollution

"Personal and advertising injury" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants" at any time.

n. Pollution-related

Any loss, cost or expense arising out of any:

(1) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of, "pollutants"; or

(2) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of, "pollutants".

o. War& Terrorism

"Personal and advertising injury", however caused, arising, directly or indirectly, out of:

(1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

(4) "Act of Terrorism"



p. Recording And Distribution Of Material Or Information In Violation Of Law

"Bodily injury" or "property damage" arising directly or indirectly out of any action or omission that violates or is alleged to violate:

- (1) The Telephone Consumer Protection Act (TCPA), including any amendment of or addition to such law; or any other similar law in any other jurisdiction time being in force, or,
- (2) The CAN-SPAM Act of 2003, including any amendment of or addition to such law; or any other similar law in any other jurisdiction time being in force, or
- (3) The Fair Credit Reporting Act (FCRA), and any amendment of or addition to such law, including the Fair and Accurate Credit Transactions Act (FACTA), or any other similar law in any other jurisdiction time being in force, or
- (4) Any federal, state or local statute, ordinance or regulations, other than the TCPA, CAN-SPAM Act of 2003 or FCRA and their amendments and additions, or any other similar law in any other jurisdiction time being in force, that addresses, prohibits, or limits the printing, dissemination, disposal, collecting, recording, sending, transmitting, communicating or distribution of material or information.

or any other similar statute, ordinance or regulation and their amendments and additions, in other jurisdiction.

Exclusions c. through n. do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section III - Limits Of Insurance.

q. Asbestos

"Bodily Injury" or "Property Damage" arising out of or related in any way to asbestos or asbestos – containing materials.

r. Radioactive contamination

"Bodily Injury" or "Property Damage" directly or indirectly caused by, in connection with or contributed to by or arising from:

1. ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, or
2. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

1. Fines or Penalties; or

2. Liquidated, punitive or exemplary damages or multiplication of awards



u. Professional liability

"Bodily Injury" or "Property Damage" directly or indirectly caused by, in connection with or contributed to by or arising from the rendering or failure to render professional advice or service by the insured, or any error or omission in connection therewith.

However, this Exclusion shall not apply to:

- (i) The insured's liability in respect of "Bodily Injury" or "Property Damage" resulting from the provision of professional advice or services, or any error or omission in connection with the insured's products which is not given for a fee; or
- (ii) The rendering or failure to render professional advice by any employee to provide first aid or other medical services at the insured's premises.

Medical services exclude advice or services provided by a qualified medical practitioner, nurse or first-aid attendant.

COVERAGE C - MEDICAL PAYMENTS

1. Insuring Agreement

a. We will pay medical expenses as described below for "bodily injury" caused by an accident:

- (1) On premises you own or rent;
 - (2) On ways next to premises you own or rent; or
 - (3) Because of your operations; provided that:
 - (a) The accident takes place in the "coverage territory" and during the policy period;
 - (b) The expenses are incurred and reported to us within one year of the date of the accident; and
 - (c) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.
- b. We will make these payments regardless of fault. These payments will not exceed the applicable limit of insurance. We will pay reasonable expenses for:
- (1) First aid administered at the time of an accident;
 - (2) Necessary medical, surgical, X-ray and dental services including prosthetic devices; and
 - (3) Necessary ambulance, hospital, professional nursing and funeral services.

2. Exclusions

We will not pay expenses for "bodily injury".



a. Any Insured

To any insured, except "volunteer workers".

b. Hired Person

To a person hired to do work for or on behalf of any insured or a tenant of any insured.

c. Injury on Normally Occupied Premises

To a person injured on that part of premises you own or rent that the person normally occupies.

d. Workers' Compensation and Similar Laws

To a person, whether or not an "employee" of any insured, if benefits for the "bodily injury" are payable or must be provided under a workers' compensation or disability benefits law or a similar law.

e. Athletics Activities

To a person injured while practicing, instructing or participating in any physical exercises or games, sports, or athletic contests.

f. Products-Completed Operations Hazard

Included within the "products-completed operations hazard".

g. Coverage A Exclusions

Excluded under Coverage A.

SUPPLEMENTARY PAYMENTS - COVERAGES A AND B

1. We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

a. All expenses we incur in defense.

b. Up to an amount, as mentioned in the Policy Schedule, for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.



- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to an amount mentioned in the Policy Schedule, a day because of time off from work.
- e. All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.
- f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.
- g. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

These payments will reduce the limits of insurance mentioned in SECTION III

2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

- a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract".
- b. This insurance applies to such liability assumed by the insured;
- c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract".
- d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;
- e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and
- f. The indemnitee:

(1) Agrees in writing to:

- (a) Cooperate with us in the investigation, settlement or defense of the "suit";
- (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";
- (c) Notify any other insurer whose coverage is available to the indemnitee; and
- (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and

(2) Provides us with written authorization to:



- (a) Obtain records and other information related to the "suit", and
- (b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid by us will reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph f. above, are no longer met.

These payments will reduce the limits of insurance mentioned in SECTION III

SECTION II - WHO IS AN INSURED

1. If you are designated in the Policy Schedule as:

- a. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.
- b. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
- c. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
- d. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:



a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

(a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;

(b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;

(c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraph (1)(a) or (b) above; or

(d) Arising out of his or her providing or failing to provide professional healthcare services.

(2) "Property damage" to property:

(a) Owned, occupied or used by:

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by; you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Any person or organization having proper temporary custody of your property if you die, but only:

(1) With respect to liability arising out of the maintenance or use of that property; and

(2) Until your legal representative has been appointed.

d. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.



3. Any organization you newly acquire or form, other than a partnership, joint venture or limited liability

company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only until the 90th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

b. Coverage A does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

c. Coverage B does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Policy Schedule.

SECTION III - LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Policy Schedule and the rules below fix the most we will pay regardless of the number of:

a. Insureds;

b. Claims made or "suits" brought; or

c. Persons or organizations making claims or bringing "suits".

2. The COMBINED SINGLE LIMIT FOR GENERAL AGGREGATE LIMIT (other than PRODUCTS / COMPLETED OPERATIONS) and PRODUCTS / COMPLETED OPERATIONS is the most we will pay for the sum of:

a. Medical expenses under Coverage C;

b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and

c. Damages under Coverage B.

d. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage A for damages because of "bodily injury" and "property damage" included in the "products-completed operations hazard".

3. Subject to Paragraph 2, above, the Personal And Advertising Injury Limit is the most we will pay under Coverage B for the sum of all damages because of all "personal and advertising injury" sustained by any one person or organization.



4. Subject to Paragraph 2. Or 3. above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of

a. Damages under Coverage A; and

b. Medical expenses under Coverage C because of all "bodily injury" and "property damage" arising out of any one "occurrence".

5. Subject to Paragraph 5. Above, the Damage to Premises Rented to You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.

6. Subject to Paragraph 5. Above, the Medical Expense Limit is the most we will pay under Coverage C for all medical expenses because of "bodily injury" sustained by any one person.

The Limits of insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Policy Schedule, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

SECTION IV - DEDUCTIBLE

This insurance applies to amounts in excess of the Deductible(s) mentioned in the Policy Schedule and ultimately you are responsible for amounts within Deductible(s), regardless of whether we pay or incur amounts within the Deductible (s).

Except in respect of No Deductible amount applies to Medical Payments or to Damage to Premises Rented to you Limit.

The deductible amount applies as follows –

- a) Under General aggregate limit (other than PRODUCTS / COMPLETED OPERATIONS) and Personal and Advertising Injury Limit, to all damages because of "Bodily Injury" or "Property Damage" or "Personal and Advertising Injury";
- b) Under Product/Completed Operations limit, to all damages because of "Bodily Injury" or "Property Damage" or "Personal and Advertising Injury";

As a result of any one "occurrence" regardless of the number of persons or organizations who sustain damages because of that occurrence.

The applicable Deductible amount applies separately to each separate claim under the applicable coverage.



The terms of this insurance, including those with respect to (a) our right to defend the insured against Suits seeking those damages; and (b) your duties in the event of an Occurrence, claim or "Suit" apply irrespective of the application of the deductible amount.

We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount that has been paid by us.

If we pay or incur damages or expenses then it is a condition of this insurance that you must reimburse us within thirty (30) days of our request for these amounts upto the amount of the applicable Deductible(s) shown in the policy Policy Schedule.

SECTION V - COMMERCIAL GENERAL LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:

- (1) How, when and where the "occurrence" or offense took place;
- (2) The names and addresses of any injured persons and witnesses; and
- (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. If a claim is made or "suit" is brought against any insured, you must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.



d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph c. below.

b. Excess Insurance

(1) This insurance is excess over:

- (a) Any of the other insurance, whether primary, excess, contingent or on any other basis:
- (i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
- (ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
- (iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
- (iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section I - Coverage A - Bodily Injury And Property Damage Liability.
- (b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.



(2) When this insurance is excess, we will have no obligation under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

- (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (b) The total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Policy Schedule of this Coverage Part.

(5) Non Accumulation of Limits of Insurance

If this insurance contract is one of several insurance contracts issued by us or other member companies of the ERGO Group of Insurance Companies to you, and/or your subsidiary organizations, any claim or suit which could be covered under two or more insurance contracts will be subject to the limits of insurance under the insurance contract with the highest applicable limit of insurance or, if the limits are the same, under the limits of insurance of one insurance contract.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Representations

By accepting this policy, you agree:

- a. The statements in the Policy Schedule are accurate and complete;
- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.



6. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

7. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

8. Sanction Clause

The Company shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

9. Cancellation

- i. The First Named Insured shown in the Policy Schedule may cancel this policy by mailing or delivering to us advance written notice of cancellation 30days prior to cancellation.
- ii. We may cancel this policy by mailing or delivering to the first name insured in writing notice of cancellation at least 30days before the effective date of cancellation.
- iii. We will mail or deliver our notice to the first named insured's last mailing address known to us.
- iv. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.
- v. If this policy is cancelled, we will send the first named insured any premium refund. If we cancel, the refund will be pro-rata. If the first named insured cancels, the refund will be on short period scale mentioned below. The cancellation will be effective even if we have not made or offered a refund.
- vi. "If a long-term policy is to be cancelled by the insured, the refund will be on short period scale mentioned below, provided that there has been no claim under the policy and the project should not have been started during the Policy Period".
- vii. In case where there is a claim or the project has begun, premium paid will be premium earned and no refund of premium shall be allowed.



Period (Not Exceeding) Rate of Premium retention

1 Month	25% of the Annual rate
2 Months	35% of the Annual rate
3 Months	50% of the Annual rate
4 Months	60% of the Annual rate
6 Months	75% of the Annual rate
8 Months	85% of the Annual rate
Exceeding 8 Months	Full Annual Premium

6. If notice is mailed, proof of mailing will be sufficient proof of notice.

10. Changes

This Policy contains all the agreements between you and us concerning the insurance afforded. The first Named Insured shown in the Policy Schedule is authorized to make changes in the terms of this Policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this Policy.

11. Inspections and Surveys

1. We have the right to:

- (1) make inspections and surveys at any time;
- (2) give you reports on the conditions we find; and
- (3) recommend changes.

2. We are not obligated to make any inspections, surveys, reports or recommendations, and such actions we do make relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And, we do not warrant that conditions:

- (1) are safe or healthful; or
- (2) comply with laws, regulations, codes or standards.

3. Paragraphs 1 and 2. of this condition apply not only to us, but also to any rating, advisory, rate service or similar or other organization which makes insurance inspections, surveys, reports or recommendations.

4. Paragraph 2. of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.



12. Premiums

The first Named Insured shown in the Policy Schedule:

- a. is responsible for the payment of all premiums; and
- b. will be the payee for any return premiums we pay.

13. Arbitration

Any and all disputes concerning the interpretation or difference of the terms, exclusions or conditions contained herein is understood and agreed to by both the parties are subject to Indian law.

If any difference arises as to the quantum to be paid under this Policy (liability being otherwise admitted), such difference shall be referred to arbitration, in accordance with the Indian Arbitration and Conciliation Act 1996, as amended. Such arbitration panel shall consist of one arbitrator selected by You, one arbitrator selected by Us, and a third independent arbitrator selected by the first two arbitrators in accordance with the provisions of the [Indian] Arbitration and Conciliation Act, 1996 (as amended). The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

- i. All proceedings in any arbitration shall be conducted in English and a daily transcript in English of such proceedings shall be prepared
- ii. The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator
- iii. It is clearly agreed and understood that no reference to arbitration can be made if We have either not admitted or have disputed liability in respect of any claim under or in respect of this Policy
- iv. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

It is further expressly agreed and declared that if We shall disclaim liability in respect of any claim and is not within 12 calendar months from the date of such disclaimer be made the subject matter of a suit or proceeding before a Court of law or any other forum, it shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder

14. Governing Law

Any interpretation of this policy relating to its construction, validity or operation shall be made in accordance with Indian law.

15. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain any benefit under this policy, or



if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this policy shall be forfeited.

16. Renewal

The Company shall be under no obligation to renew the policy on expiry of the period for which premium has been paid. The Company reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The Company, however, shall not be bound to give notice that the policy is due for renewal or to accept any renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

17. Duties In The Event Of Claim, Suit or Other Loss Circumstance

A. As a condition precedent to our obligations under this insurance, there must be strict conformance with all of the requirements specified below, regardless of whether or not we are prejudiced by failure of those requirements to be met.

B. You must see to it that we and any other insurers are notified as soon as practicable of any circumstance that may result in a claim, if the claim may involve us or such other insurers. To the extent possible, notice should include:

1. how, when and where the circumstance happened;
2. the names and addresses of any injured persons and witnesses; and
3. the nature and location of any injury or damage arising out of the circumstance. Notice of a circumstance is not notice of a claim.

C. If a claim is made or suit is brought against any insured, you must:

1. immediately record the specifics of the claim or suit and the date received;
2. notify us and other insurers as soon as practicable; and
3. see to it that we receive written notice of the claim or suit as soon as practicable.

D. You and any other involved insured must:

1. immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or suit;
2. authorize us to obtain records and other information;
3. cooperate with us and other insurers in the
 - a. investigation or settlement of the claim; or b. defence against the suit;
4. allow us all reasonable access to your premises, records and other information; and



5. assist us, upon our request, in the enforcement of any right against any person or organization that may be liable to the insured because of loss to which this insurance may also apply.

E. No insured may make any admission in respect of, nor offer to settle, any claim or suit without our prior written consent.

F. No insured will, except at that insured's own cost, make any payment, assume any obligation or incur any expense without our prior written consent.

G. Notice to us under this insurance shall be given in writing addressed to:

Notice of Claim

Claim Department Manager

At the address of the Company shown in the Policy Schedule

All other Notices Underwriting Manager

At the address of the Company shown in the Policy Schedule

18. Currency Clause

All premiums, limits, deductibles, retentions, loss and other amounts under this insurance contract are deemed to be expressed and payable in Indian Rupees currency. If judgment is rendered, settlement is denominated or another element of loss is expressed in currency other than Indian Rupees, then the payment under this insurance shall be made in Indian Rupees at the mid-rate of exchange published on currency conversion website Oanda.com (or, if it has ceased to be in publication, a similar business publication) on the date that the final judgment is rendered, the amount of the settlement is agreed upon or the other element of loss is due, respectively.

19. Compliance by Insured

We have no duty to provide coverage under this insurance unless you and any other involved insured have fully complied with all of the terms and conditions of this insurance.

20. Legal Action Against Us

The terms and conditions of this insurance shall be governed by and construed in accordance with the laws of India. If any person or organization sues us on this insurance or as a result of a dispute arising out of, in connection with or relating to this insurance, then such legal proceeding against us must be brought in and determined exclusively in the courts of India.

21. Transfer of rights and duties

Your rights and duties under this insurance may not be transferred without our written consent.

CLAIMS PROCEDURE -



It shall be a condition precedent to any of our liability to make any payment under this Policy that in the event of any occurrence giving rise to or which may give rise to a claim under this Policy that we will need the below mentioned information in complete

- (1) Written notice thereof (and full particulars of the occurrence) as soon as possible
- (2) Notify to us in writing as soon as possible he/she/they shall have knowledge of any impending prosecution inquest or fatal accident inquiry in connection with any occurrence for which there may be liability under this Policy
- (3) Forward to us immediately on receipt every claim notice letter verbal notice of claim or other originating process or any other document served on the Insured
- (4) Give all such information and assistance as the Company may require
 - a. The Insured shall not negotiate admit liability or make any promise payment or settlement without our written consent
 - b. The Insured shall not incur any Remediation Costs without our written consent, except in the event of an imminent and substantial threat to human health or the environment
 - c. We shall be entitled
- (5) If and so long as it desires to take over and have the sole conduct and control of any claim, remediation and legal proceedings or alternative dispute resolution relating thereto in the name of the Insured and shall have full discretion in the settlement of any claim
- (6) To prosecute in the name of the Insured but for the Company's benefit any claim for compensation or indemnity.

In general, primarily, the following basic documentations are required for taking the claim forward:

- (a) Description of the claim or suit and the date received,
- (b) Description, in chronological order, as to how, when and where the circumstances leading to the claim or suit occurred including the date the insured was first aware of such loss
- (c) The names and addresses of any injured persons and any witnesses,



- (d) The nature, location and extent of any injury;
- (e) The nature and quantum of damages claimed against you along with supporting or, if the claimant has not quantified its damages, your estimate of the quantum of damages which may be claimed against you.
- (f) Copies of all relevant documents relating to the underlying transaction which gave rise to the claim, including correspondence prior to the occurrence and any agreements entered into;
- (g) Copy of any internal or external, survey, investigation or test reports and all other relevant reports;
- (h) Copies of all written demands made against you;
- (i) If court proceedings have been initiated, copies of all court documents served on you and all court documents filed by you;
- (j) Copies of all relevant internal communications, including a log on all internal verbal communications whether prior or subsequent to the occurrence giving rise to the claim;
- (k) Details of other persons or entities which may be responsible or liable for the loss or damage being claimed; and
- (l) Contact details of person handling the claim in your company.

In addition, you must:-

- (a) authorized us to obtain records and other information;
- (b) co-operate with us in the investigation of the claim or in the defence of the suit;
- (c) allow us reasonable access to your premises, records and other information; and
- (d) assist us, upon our request, in the enforcement of any right against any person or organisation that may be liable to you because of loss to which the policy applies.

Our Claims process

- An acknowledgement with respect to the claim intimation is given to the insured, once we are in receipt of any claim intimation from the insured. A list of preliminary documents is requested from the Insured.
- Surveyor / Investigator may be appointed, if required.
- In case of surveyor appointment, the details of the appointment is conveyed to the Insured.
- Final survey report will be provided by the surveyor within 90 days of appointment except where special circumstance exist in respect of a claim due to its special complicated nature or due to difficulties associated with replacement/reinstatement, the surveyor will seek an extension from Insurers for submission of report.
- In case of settlement, offer of claim settlement will be made to the Insured within 30 days of receipt of the last document.



- In case of settlement, Claim will be settled by the Insurer within 30 days from the receipt of last, relevant & necessary document from the Insured.
- In case of rejection, the same will be conveyed to the Insured within 30 days from the receipt of the final report and/or documents
- Based on the information submitted in the claim intimation letter / claim form, if required, we may procure more information from the insured depending on the facts mentioned therein up to the satisfaction of the Company.
- Apart from surveyor, an investigator and/or forensic investigator can be appointed and Legal counsel opinions can be sought, if required.

The documents required for processing of claims are:

- Policy/Underwriting documents
- Survey Report along with annexure and/or Photographs wherever applicable
- All documents and/or information relevant to the claim
- Discharge voucher of the Insured accepting full and final settlement
- KYC documents are compulsory

Apart from above Standard documents some other documents may be called for based on the nature of claim.

SECTION VI - DEFINITIONS

1. "Act of terrorism" means any act, or preparation in respect of action, or threat of action designed to influence the government de jure or de facto of any nation or any political division thereof, or in pursuit of political, religious, ideological or similar purposes to intimidate the public or a section of the public of any nation by any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization(s) or government(s) de jure or de facto, and which:
 - a. Involves violence against one or more persons;
 - b. Involves damage to property;
 - c. Endangers life other than that of the person committing the action;
 - d. Creates a risk to health or safety of the public or a section of the public; or
 - e. Is designed to interfere with or to disrupt an electronic system



2. "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:

a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and

b. Regarding web sites, only that part of a web site that is about your goods, products or

Services for the purposes of attracting customers or supporters is considered an advertisement.

3. "Auto" means:

a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or

b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

4. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.

5. "Coverage territory" means:

a. Territory specified in ITEMS NO XI of the Policy Schedule;

b.

6. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".

6. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.

7. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.

8. "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:

a. It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or



b. You have failed to fulfill the terms of a contract or agreement, if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement

9. "Insured contract" means:

- a. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract".
- b. A sidetrack agreement.
- c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
- d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph f. does not include that part of any contract or agreement:

(1) That indemnifies a railroad for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road-beds, tunnel, underpass or crossing;

(2) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:

(a) Preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or

(b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage; or

(3) Under which the insured, if an architect, engineer or surveyor, assumes liability for

an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in (2) above and supervisory, inspection, architectural or engineering activities.

10. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

11. "Loading or unloading" means the handling of property:

a. After it is moved from the place where it is accepted for movement into or onto an aircraft, watercraft or "auto";

b. While it is in or on an aircraft, watercraft or "auto"; or



c. While it is being moved from an aircraft, watercraft or "auto" to the place where it is finally delivered;

but "loading or unloading" does not include the movement of property by means of a mechanical device, other than a hand truck, that is not attached to the aircraft, watercraft or "auto".

12. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;

b. Vehicles maintained for use solely on or next to premises you own or rent;

c. Vehicles that travel on crawler treads;

d. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:

(1) Power cranes, shovels, loaders, diggers or drills; or

(2) Road construction or resurfacing equipment such as graders, scrapers or rollers;

e. Vehicles not described in Paragraph a., b., c. or d. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:

(1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or

(2) Cherry pickers and similar devices used to raise or lower workers;

f. Vehicles not described in Paragraph a., b., c. or d. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

(1) Equipment designed primarily for:

(a) Snow removal;

(b) Road maintenance, but not construction or resurfacing; or

(c) Street cleaning;

(2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and

(3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment. However, "mobile equipment" does not include any land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

13. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.



14. "Personal and advertising injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:

- a. False arrest, detention or imprisonment;
- b. Malicious prosecution;
- c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
- d. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
- e. Oral or written publication, in any manner, of material that violates a person's right of privacy;
- f. The use of another's advertising idea in your "advertisement", or
- g. Infringing upon another's copyright, trade dress or slogan in your "advertisement".

15. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

16. "Products-completed operations hazard"

a. Includes all "bodily injury" and "property damage" occurring away from premises you own or rent and arising out of "your product" or "your work" except:

- (1) Products that are still in your physical possession, or
- (2) Work that has not yet been completed or abandoned. However, "your work" will be deemed completed at the earliest of the following times:
 - (a) When all of the work called for in your contract has been completed.
 - (b) When all of the work to be done at the job site has been completed if your contract calls for work at more than one job site.
 - (c) When that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project. Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed.

b. Does not include "bodily injury" or "property damage" arising out of:

- (1) The transportation of property, unless the injury or damage arises out of a condition in or on a vehicle not owned or operated by you, and that condition was created by the "loading or unloading" of that vehicle by any insured;
- (2) The existence of tools, uninstalled equipment or abandoned or unused materials; or
- (3) Products or operations for which the classification, listed in the policy Schedule, states that products-completed operations are subject to the General Aggregate Limit.



17. "Property damage" means:

- a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
- b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

18. "Suit" means a civil proceeding in which damages because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies are alleged. "Suit" includes:

- a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or
- b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

19. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

20. "Volunteer worker" means a person who is not your "employee", and who donates his or her work and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work performed for you.

21. "Your product":

a. Means:

(1) Any goods or products, other than real property, manufactured, sold, handled, distributed or disposed of by:

- (a) You;
- (b) Others trading under your name; or
- (c) A person or organization whose business or assets you have acquired; and

(2) Containers (other than vehicles), materials, parts or equipment furnished in connection with such goods or products.



b. Includes:

- (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your product"; and
- (2) The providing of or failure to provide warnings or instructions.

c. Does not include vending machines or other property rented to or located for the use of others but not sold.

22. "Your work":

a. Means:

- (1) Work or operations performed by you or on your behalf, and
- (2) Materials, parts or equipment furnished in connection with such work or operations.

b. Includes:

- (1) Warranties or representations made at any time with respect to the fitness, quality, durability, performance or use of "your work"; and
- (2) The providing of or failure to provide warnings or instructions.

**Commercial General Liability Insurance****Endorsement**

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

DEFENSE COSTS INCLUSIVE ENDORSEMENT

It is hereby understood and agreed that notwithstanding anything stated to the contrary anywhere in the policy, all expenses incurred by the Insured in the investigation or defense of the claim or "suit" shall serve to reduce the limits of liability of this policy as stated in the Schedule.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

DESIGNATED PREMISES ENDORSEMENT

It is agreed that with respect to Coverages A and B, subject to all Policy terms, conditions and exclusions, this insurance applies only to "bodily injury", "property damage", personal and advertising injury and medical expenses arising out of the ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises mentioned below:

Non Designated Basis (Premises restricted within India)

Schedule

Designated Premises Or Project: 7 locations anywhere in India

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

DEDUCTIBLE ENDORSEMENT

Notwithstanding anything to the contrary contained in the within mentioned policy, it is hereby agreed and declared that:

1. This insurance applies to amounts in excess of the Deductible(s) mentioned in the policy schedule and ultimately you are responsible for amounts within Deductible(s), regardless of whether we pay or incur amounts within the Deductible (s).
2. If we pay or incur damages or expenses then it is a condition of this insurance that you must reimburse us within thirty (30) days of our request for these amounts upto the amount of the applicable Deductible(s) shown in the policy schedule.
3. The applicable Deductible amount for each coverage is shown in the Schedule. Each applicable Deductible shown in the Schedule applies separately from and in addition to any other applicable Deductible shown in the Schedule. The applicable Deductible amount applies separately to each separate claim under the applicable coverage.
4. Deductible(s) apply separately to each consecutive annual period and to any remaining period and to any extension period of less than twelve (12) months starting with the beginning of the policy period shown in the Schedule.
5. Amounts that are within the Deductible(s) will reduce the Aggregate Limits of Insurance.
6. The Limits of Insurance will not be increased or reinstated by any Deductible(s) or any amount that you must reimburse to us in connection with any Deductible(s) shown in the Schedule.
7. The amount of any applicable Deductible will not be less than the amount shown in the Schedule, regardless of whether this insurance or this endorsement is:
 - i. Issued for a period of less than twelve (12) months; or
 - ii. Terminated before the end of the policy period, for any reason.
8. Regardless of the application of any Deductible:
 - i. The terms and conditions of this insurance continue to apply, including those with respect to



our rights to investigate any claim or other loss circumstance and to make any settlement.

- The requirement of this insurance for you to notify us of any claims or other loss circumstances under the applicable coverage continues to apply.
- We may, at our discretion, initiate or control any appeal of a judgment, if we consider such a judgment or appeal may result in payment under this insurance.

Deductible : INR 100,000 for each every claim

All other terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to read "A. Sharma".

Authorized Representative



Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
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Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

ENDORSEMENT – CYBER RISK EXCLUSION

Notwithstanding any provision to the contrary within this contract, this contract excludes any **Cyber Loss**.

Cyber Loss means any loss, damage, liability, expense, fines or penalties or any other amount directly or indirectly caused by

- a) the use or operation of any Computer System or Computer Network;
- b) the reduction in or loss of ability to use or operate any Computer System, Computer Network or Data;
- c) access to, processing, transmission, storage or use of any Data;
- d) inability to access, process, transmit, store or use any Data;
- e) any threat of or any hoax relating to (a) to (d) above;
- f) any error or omission or accident in respect of any Computer System, Computer Network or Data.

Computer System means any computer, hardware, software, application, process, code, programme, information technology, communications system or electronic device owned or operated by the Insured or any other party. This includes any similar system and any associated input, output or data storage device or system, networking equipment or back up facility.

Computer Network means a group of Computer Systems and other electronic devices or network facilities connected via a form of communications technology, including the internet, intranet and virtual private networks (VPN), allowing the networked computing devices to exchange Data.

Data means information used, accessed, processed, transmitted or stored by a **Computer System**.

All other terms and conditions remain unchanged.



All other terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to read "A. Sharma".

Authorized Representative



Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
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JURISDICTION ENDORSEMENT

Notwithstanding anything to the contrary mentioned in the policy or in any of the endorsements hereon, it is hereby declared that this insurance applies to "bodily injury" and "property damage" only if any claim or "suit" is made or brought in the coverage jurisdiction only.

Coverage Jurisdiction means General Liability India

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
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ENDORSEMENT – SPECIFIC MATTER ENDORSEMENT : RUSSIA, UKRAINE AND BELARUS EXPOSURE EXCLUDED

Excluding all loss, damage, liability, or expense directly caused by or arising from or in connection with the current Russia-Ukraine-Belarus conflict and/or any expansion of such conflict. Also excluded shall be loss, damage, liability or expense where the aforementioned conflict is deemed to be the proximate cause of such loss, damage, liability or expense.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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ENDORSEMENT – SPECIFIC MATTER ENDORSEMENT : WAR AND CIVIL WAR NMA464

Notwithstanding anything to the contrary contained herein this policy doesn't cover loss or Damage directly or indirectly occasioned by, happening through or in consequence of war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition or destruction of or damage to property by or under the order of any government or public or local authority.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

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CARRIAGE OF TREATED EFFLUENTS OUTSIDE THE PREMISES COVERAGE AS PER ENDORSEMENT

Notwithstanding anything herein contained to the contrary mentioned in the policy, it is hereby agreed and declared that the insurance under this policy shall extend to include legal liability of the Insured for death or "bodily injury" or loss of or damage to or loss of use of property arising out of accident directly caused by treated effluents whilst being carried by pipe lines outside the premises insured to the discharge point up to 05 kilometers from the Insured premises (as declared) to the company claims made during the policy period.

It is expressly agreed and understood that the cover granted under the endorsement shall not include pollution risk, howsoever caused, unless specifically covered by attaching an appropriate clause.

Provided always that the statutory provisions as may be in force from time to time for treatment and discharge of effluents are complied with at all times

Also provided always that all other terms, conditions provisions and exceptions the policy shall apply to this extension as if they have incorporated herein.

Territory : India

Jurisdiction: India

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

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Date Issued	31 May 2024

ARBITRATION CLAUSE

"The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."



Commercial General Liability Insurance

Endorsement

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Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

This Endorsement applies to the following forms:

The Condition titled Transfer Of Rights Of Recovery Against Others is deleted and replaced by the following.

Conditions

Transfer Of Rights Of Recovery Against Others

- A. We will waive the right of recovery we would otherwise have had against the person or organisation shown in the Schedule, for loss to which this insurance applies, provided the **insured** has waived their rights of recovery against such person or organisation in a contract or agreement that is executed before such loss.
- B. Other than as described in paragraph A. above, the **insured's** rights to recover all or part of any payment made under this insurance are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring suit or transfer those rights to us and help us enforce them.

Schedule

Person or organization: SRI KAUVERY MEDICAL CARE INIDA LIMITED

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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72 HOURS SUDDEN & ACCIDENTAL POLLUTION COVERAGE AS PER ENDORSEMENT

UNDER GENERAL AGGREGATE LIMIT, I.E, PREMISES LIABILITY ONLY

This insurance does not apply to "bodily injury" or "property damage" arising out of the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acid, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any water course or body of water, but this exclusion does not apply if such discharge, dispersal, release or escape meets all five of the following conditions.

1. the discharge, dispersal, release or escape must be accidental, sudden, unexpected, and unintended by the insured
2. the beginning of the discharge, dispersal, release or escape must take place during the policy period, and
3. the discharge, dispersal, release or escape must be physically evident to the Insured or other parties within 72 hours of the beginning of the discharge, dispersal, release or escape, and
4. the initial "bodily injury" or "property damage" caused by the discharge, dispersal, release or escape must be ensue within 72 hours of the beginning of the discharge, dispersal, release or escape.
5. Notwithstanding anything to the contrary in condition 4, Insured's duties in the event of occurrence, claim or lawsuit, or any other policy conditions, all claims made against the Insured under this coverage must be reported to the company as soon as practicable but not later than 30 days after termination of the policy.

The term release includes, but is not limited to any of the following: spilling, leaking, pumping, pouring, emitting, emptying, injection, dumping or disposing.

If the Insured and the company should disagree with regard to when a discharge, dispersal, release or escape begins or becomes evident, the burden of proving that all 5 enumerated conditions are met rests with the Insured, at the Insured's own expense. Until such proof is accepted by the Company, the Company may, but not obligated to, defend any claim.

This insurance does not apply to any damages, loss, cost or expense arising out of any:



- A. demand, order, request or regulatory or statutory requirement that any **insured** or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of **pollutants**; or
- B. claim or proceeding by or on behalf of a governmental authority or others for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of **pollutants**.
- C. Paragraph B. above applies regardless of whether or not the pollution was accidental, expected, gradual, intended, preventable or sudden. This clause shall not extend this Insurance to cover any liability which would not have been covered under this Insurance had this clause not been attached, except in so far as detailed herein.

Territory: India only

Jurisdiction: India only

Any amount we pay under this coverage will reduce the Total Aggregate Limits Of Insurance shown in the Schedule to the policy.

All other terms and conditions remain unchanged.

A handwritten signature in black ink, appearing to read "A. Sharma", written over a horizontal line.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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ADDITIONAL INSURED ENDORSEMENT

"It is hereby understood and agreed that Additional Insureds are covered under this policy as required by written contract, but only with respect to liabilities arising out of the operations performed by the Named Insured, but excluding any negligent acts committed by such Additional Insured."

The Insurance listed below grant coverage to: **Wherever required by written contract**

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

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TERRORISM LIABILITY COVERAGE ENDORSEMENT

It is hereby agreed that **SECTION I – COVERAGES** is amended to include the following:

COVERAGE "I" TERRORISM LIABILITY

1. Insuring Agreement

- a. We agree to pay those sums that the insured becomes legally obligated to pay as damages because of

- (i) "bodily injury" or
- (ii) "property damage"

that is caused by terrorism and to which this insurance applies. We will have the right to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any occurrence and settle any claim or "suit" that may result. But

- (1) The amount we will pay for damages pursuant to Coverage "I" is limited in the aggregate to INR 100,000,000. For the avoidance of doubt, the Limit applicable to Coverage "I" is a component of, and payments made thereunder shall erode, the General Aggregate Limit of the Policy.
- (2) Our defense obligation pursuant to Coverage "I" is limited to INR 100,000,000 in the aggregate. This Limit is a component of, and shall erode, the Limit applicable to Coverage "I" described in (1), above.
- (3) Our right to defend applies only to those countries in the coverage territory where legal circumstances permit us to defend. In those countries in the coverage territory where legal circumstances do not permit us to defend, we will reimburse you for your defense costs, subject to our prior authorization as well as paragraph (2) above.

- b. This insurance applies to "bodily injury" and "property damage" only if

- (1) The "bodily injury" or "property damage" is caused by an occurrence that involves terrorism and that takes place in the coverage territory;
- (2) The "bodily injury" or "property damage" occurs during the policy period; and



(3) Any claim or "suit" is made or brought in the coverage territory.

2. Medical Payments Extension sub limited to Medical expenses amount mentioned in the schedule

- a. We will pay medical expenses as described below for "bodily injury" caused by terrorism on premises you own or rent or on ways next to premises you own or rent, provided that:

- (1) The event takes place in the coverage territory and during the policy period;
- (2) The expenses are incurred and reported to us within one year of the date of the accident; and
- (3) The injured person submits to examination, at our expense, by physicians of our choice as often as we reasonably require.

- b. We will make these payments regardless of fault. These payments will not exceed INR 100,000,000 per injured person and are subject to an aggregate limit of INR 100,000,000. The Limit applicable to the Medical Payments Extension to Coverage "I" is a component of, and payments made thereunder shall erode, the General Aggregate Limit of the Policy. We will pay reasonable expenses for: (1) First aid administered at the time of an event; (2) Necessary medical, surgical, x-ray and dental services, including prosthetic devices; and (3) Necessary ambulance, hospital, professional nursing and funeral services.

3. Crisis Containment Extension (INR 100,000,000 aggregate)

- a. **We will pay consultant costs and crisis expense** incurred during the **crisis coverage period** as a result of a **crisis** first commencing during the policy period and reported to us in writing in accordance with the reporting requirements applicable to this Crisis Containment Extension to Coverage "I" set forth below. Our liability under this Crisis Containment Extension to Coverage "I" is limited to INR 50,000,000 in the aggregate. For the avoidance of doubt, this Limit applicable to the Crisis Containment Extension to Coverage "I" is separate from, and payments made there under shall not erode, the General Aggregate Limit of the Policy.

Only reasonable and necessary **consultant costs and crisis expense** incurred solely in an effort to contain a potential, actual or threatened **crisis** are covered, subject to the Limit applicable to the Crisis Containment Extension to Coverage "I". **Consultant costs and crisis expense** are limited to fees or costs incurred within the **crisis coverage period**. In no event will any amounts claimed and paid under one **crisis** be recoverable under another **crisis**.

- b. In the event of a **crisis** that may be covered under this Crisis Containment Extension to Coverage "I", contact the HDFC Claims team. You will then be contacted by a **crisis consultant**.

4. Exclusions Applicable to Coverage "I"

This insurance does not apply to:

- a. Coverage A and C Exclusions

"bodily injury" or "property damage" excluded under Coverage A or Coverage C of the Policy document.

- b. Computer Hacking

"bodily injury" or "property damage" caused by terrorism by electronic means including computer hacking or the introduction into any computer of any form of corrupting, harmful or otherwise unauthorized instructions or code. This exclusion shall not apply to the detonation of any explosive, bomb or missile which is controlled by any remote device or reliant upon electronic means in its launch, guidance or firing systems.

- c. Nuclear

"bodily injury" or "property damage" due to nuclear reaction, nuclear radiation or radioactive contamination, however caused.



d. Governmental Action

Damages arising from any confiscation, nationalization, requisition or "property damage" by or pursuant to the order of any government or governmental entity.

e. Financial Services

Damages arising from your provision of financial services in violation of generally accepted anti-money laundering and/or anti-terrorist financing principles and standards.

5. Definitions Applicable to Coverage "I"

For the avoidance of doubt, Coverage "I" is subject to all the terms of the Policy, including **SECTION VI/VII - DEFINITIONS**.

- a. **Consultant costs** means fees and costs of **crisis consultants** hired with our prior written consent to assist you with a crisis.
- b. **Crisis** means an **occurrence** that involves **terrorism**.
- c. **Crisis consultant** means the independent crisis consultants previously approved by us for your use in connection with a crisis.
- d. **Crisis coverage period** means thirty (30) days commencing when the crisis is first reported to us.
- e. **Crisis expense** means any costs incurred by you pursuant to the recommendation of the crisis consultant directly as a result of the crisis.
- f. **Terrorism** means the unlawful use of violence against persons or property to further political objectives, and which is intended to intimidate or coerce a government, individuals or persons to modify their behavior or policies, or an act which is verified by the Government of India as an act of terrorism. **Terrorism** does not include:
 - (1) Any act of violence directed at a specific individual or individuals which is motivated by personal reasons specific to the parties, i.e., robbery, crime of passion, murder, or
 - (2) Any act of war including undeclared or civil war.

Territory & Jurisdiction: India only

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

PROPERTY UNDER CARE, CUSTODY AND CONTROL COVERAGE AS PER ENDORSEMENT

Notwithstanding anything herein contained to the contrary, it is hereby agreed and declared that the Insurance under this policy shall extend to include legal liability of the Insured for loss / damage to property of third parties, whilst they are in the Care, Custody and Control of the Insured subject to a sub-limit of INR 10,000,000 in aggregate excluding valuables, Currency and Jewellery in the Aggregate, which shall form part of the overall General Aggregate Limit, mentioned in the schedule of the policy.

It is expressly agreed and understood that the cover granted under this endorsement shall not apply to legal liability arising out of loss or damage to property or third parties unless kept by the Insured in safe keeping and the Insured maintains proper records, showing the items taken into safe custody therein from each third party.

The indemnity shall in any case be restricted to the repair cost of such property; any consequential damage shall be excluded from the cover.

IN NO CASE, SHALL THE POLICY COVER LOSS OF MONIES, SECURITIES, DOCUMENTS (INCLUDING CREDIT CARDS) AND PLANS.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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TENANT'S LEGAL LIABILITY COVERAGE AS PER ENDORSEMENT

It is hereby declared and agreed that this Policy is extended to cover the legal liability of the Insured as Tenant to indemnify the Landlord against any property whatsoever whether directly or indirectly through the defective or damaged condition of any part of the interior of the said premises or any fittings fixtures or wiring therein for the repair of which the Insured is responsible or through or in any way owing to the spread of fire or smoke or the overflow of water from the said premises or any part thereof or through the act default or neglect of the Insured his servants agents or licencees.

The liability of Company for damages to property in respect of one occurrence or all occurrences of a series consequent on or attributable to one source or original cause shall be not exceed the Limit of Indemnity stated in the Schedule.

The Company will also pay all costs and expenses incurred with its written consent and relating to any claim which may be the subject of indemnity under this Policy.

Excluding liability attaching to the Insured by reason of any express term of any contract unless such liability would have attached notwithstanding such terms.

Provided always that the Limit of Indemnity shall apply inclusive of this Clause.

Sub limit up to INR 10,000,000

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

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COVERAGE FOR ALTERATIONS, FIT OUTS AND MINOR CIVIL WORK BY THE INSURED WITHIN THE INSURED PREMISES

Notwithstanding anything herein contained to the contrary, it is hereby agreed and declared that the Insurance under this policy shall extend to the following:

We will pay damages that the Insured becomes legally obligated to pay by reason of liability imposed by law for **bodily injury or property damage** arising out of any alterations, fit outs and minor civil work carried out by the insured within the designated premises of the insured.

It is agreed and understood that the cover granted under this endorsement shall apply only if below mentioned warranty is complied with -

- Heat Application Warranty
- Underground Services Warranty

This insurance does not apply to liability arising out of:

- Any surrounding Property belonging to the Principal and/or their Contractors and/or their Sub-Contractors
- Property being worked upon by the Insured and/or their Contractors and/or their Sub-Contractors
- Employees of the Principal and/or their Contractors and/or their Sub-Contractors
- Vibration or weakening of support.

This extension is sub-limited to INR 10,000,000 in aggregate, which shall form part of the overall Total Aggregate Limit mentioned in the Schedule of the policy.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

Endorsement

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ERRORS & OMISSION EXCLUSION ENDORSEMENT

Under Exclusions, the following provision is added to this policy

This insurance does not apply to any damages, loss, cost or expense arising out of:

1. the use or misuse of any data;
2. faulty data;
3. loss of data;
4. any errors or omissions in program design or application; or
5. the failure of any computer equipment, computer software or computer service to accomplish its intended purpose.

All other terms and conditions remain unchanged.

All other terms and conditions remain unchanged.

Authorized Representative



Commercial General Liability Insurance

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This Endorsement applies to the following forms:

Limits Of Insurance - Claim Adjustment Expenses Reducing Limits

The section of this contract titled Limits Of Insurance is deleted and replaced by the following:

The Limits Of Insurance shown in the Declarations and the rules below fix the most we will pay, regardless of the number of:

- **insureds;**
- **claims made or suits brought; or**
- **persons or organisations making claims or bringing suits.**

The Limits Of Insurance apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits Of Insurance.

General Aggregate Limit

Subject to the Each Occurrence Limit, the General Aggregate Limit is the most we will pay for the sum of:

damages for bodily injury and property damage, except damages included in the products-completed operations hazard, and

related claim adjustment expenses described as reducing the Limits Of Insurance in the provision titled Payments That Reduce The Limits Of Insurance.

Products-Completed Operations Aggregate Limit	Subject to the Each Occurrence Limit, the Products-Completed Operations Aggregate Limit is the most we will pay for the sum of: - damages for bodily injury and property damage included in the products-completed operations hazard; and - related claim adjustment expenses described as reducing the Limits Of Insurance in the provision titled Payments That Reduce The Limits Of Insurance.
Total Aggregate Limit	Subject to the Each Occurrence Limit, the Total Aggregate Limit is the most we will pay for the sum of: - damages for bodily injury and property damage; and - related claim adjustment expenses described as reducing the Limits Of Insurance in the provision titled Payments That Reduce The Limits Of Insurance.
Each Occurrence Limit	The Each Occurrence Limit is the most we will pay for the sum of: - damages for bodily injury and property damage; and - related claim adjustment expenses described as reducing the Limits Of Insurance in the provision titled Payments That Reduce The Limits Of Insurance; arising out of any one occurrence. Any such sums we pay will reduce the amount of the applicable aggregate limit available for any other payment. If the applicable aggregate limit has been reduced to an amount that is less than the Each Occurrence Limit, the remaining amount of such aggregate limit is the most that will be available for any other payment.
Payments That Reduce The Limits Of Insurance	A. Any damages we pay will reduce the Limits Of Insurance. B. Any claim adjustment expenses we pay will reduce the Limits Of Insurance. C. Except for payments described as reducing the Limits Of Insurance in paragraph A. above, payments we make under the Supplementary Payments section of this insurance contract will not reduce the Limits Of Insurance.

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

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ENDORSEMENT- SEXUAL ABUSE AND MOLESTATION COVER

Notwithstanding anything to the contrary mentioned in the policy or in any of the endorsements hereon, it is hereby declared that this insurance does not apply to:

(a) The actual, threatened or alleged sexual abuse, sexual molestation, sexual assault, sexual victimization, physical abuse, physical assault, any resulting mental or emotional injury or any coercion to engage in sexual activities on the part of any employee, assistant, volunteer or member of any facility owned, operated or maintained by the Name Insured; or

(b) The negligent, employment, investigation, supervision, reporting to the proper authorities or failure to so report or retention of any employees, assistant, volunteer or member of any facility owned, operated or maintained by the Named Insured, whose conduct would be excluded by paragraph 1 above.

This Exclusion shall however not apply to those sums that the "Name of the Insured" becomes legally liable to pay as damages because of bodily injury to students whilst in school Premises on the part of any employee, assistant, volunteer or member of any facility owned, operated or maintained by the Name Insured only subject to a sub limit of INR 100,000,000 Any One Occurrence and in the Aggregate

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

DAMAGE TO PREMISES RENTED TO YOU LIMIT

Under Limits Of Insurance, the following provision is added.

Subject to the Each Occurrence Limit, the Damage To Premises Rented To You Limit shown in the Schedule is the most we will pay for the sum of damages for **property damage** to any one premises while rented to you or temporarily occupied by you with permission of the owner if such **property damage** is caused by:

- fire;
- explosion;
- water discharged from a pipe or water system; or
impact of a motor vehicle

Exclusions

Under Exclusions, the following introductory provision is added.

None of the exclusions, except "Contracts," "Expected Or Intended Bodily Injury Or Property Damage" and "Progressions Of Known Bodily Injury Or Property Damage," apply to property damage to premises while rented to you or temporarily occupied by you with permission of the owner.

Damage To Premises Rented To You Limit: Damage to premises rented to you (Fire Damage) – Sublimit
INR 500,000 per Occurrence and in aggregate

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

HUMAN CLINICAL TRIAL EXCLUSIONS

The following exclusion is added to this policy and replaces any similar exclusion contained therein. The use of the words damages, loss, cost or expense in this exclusion does not expand any coverage(s) under this contract.

With respect to all coverage(s) under this contract, this insurance does not apply to any damages, loss, cost or expense arising out of any human clinical trial.

The following definition is added to this policy.

Human clinical trial:

- A. means testing of material upon or within human beings to establish the effectiveness or safety of such material.
- B. includes:
 1. the providing of the information necessary to obtain the informed consent of human beings to participate in such testing, and
 2. other activities in connection with the testing

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

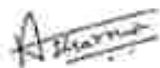
VALET PARKING EXTENSION

NOTWITHSTANDING anything herein contained to the contrary it is hereby agreed and declared that the Insurance under this policy shall extend to include legal liability of the Insured for loss / damage to property of residents / bonafide guests while availing of the Valet parking facility at the hotel premises and in fenced parking lots outside the hotel premises, secured, managed and operated by the Insured upto INR 10,000,000 Any One Occurrence and in the Aggregate, which shall form part of the overall General Aggregate Limit, mentioned in the Schedule of the policy.

It is expressly agreed and understood that the cover granted under this endorsement shall not apply to legal liability arising out of loss or damage to property of residents/ bonafide guests unless the valet parking area maintained by the insured is protected by security guards.

- Warranted that a Insured Lodge a polices complaint with authorities for such losses
- Warranted that driver must carry a valid driving license at all times

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
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Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

WAIVER OF SUBROGATION

In the event of any payment under this Policy, the Company waives its rights of recovery against the Principals viz. _____ and _____ where such waiver has been included as part of a contractual undertaking by the Named insured, but this waiver shall apply only in respect to the specific contract entered into prior to the date of loss, existing between the Named Insured and such Principal, and shall not be construed to be a waiver in respect to other operations of such Principal in which the Named Insured has no contractual interest.

- A. We will waive the right of recovery we would otherwise have had against the person or organisation shown in the Schedule, for loss to which this insurance applies, provided the insured has waived their rights of recovery against such person or organisation in a contract or agreement that is executed before such loss.
- B. Other than as described in paragraph A. above, the insured's rights to recover all or part of any payment made under this insurance are transferred to us. At our request, the insured will bring suit or transfer those rights to us and help us enforce them.
- on review of written contract.

wherever required by written contract.

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

PERFLUORINATED COMPOUNDS, PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS) EXCLUSION

9. This policy does not cover any claim for actual or alleged loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defense cost, cost, expense or any other amount, directly or indirectly and regardless of any other cause contributing concurrently or in any sequence, originating from, caused by, arising out of, contributed to by, resulting from, or otherwise in connection with any PFAS.
10. For the purposes of this Exclusion, loss, liability, damage, compensation, injury, sickness, disease, death, medical payment, defense cost, cost, expense or any other amount, includes, but is not limited to, any cost to clean-up, detoxify, remove, monitor, contain, test for or in any way respond to or assess the effect of any PFAS.
11. PFAS means any chemical or substance that contains one or more alkyl carbons where fluorine partially or completely replaces the hydrogen atoms.

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

This Endorsement applies to the following forms:

Coverage Territory and Jurisdiction

Coverage Territory is deleted and replaced by the following.
Subject to all of the terms and conditions of this insurance, :

Territory : India

This insurance applies only to injury or damage that takes place anywhere worldwide including in the **United States**, or Canada

Jurisdiction: India

- This insurance apply to any damages, loss, cost or expense in connection with any **suit** brought worldwide including in the **United States**, or Canada

Under Definitions, the following definition is added.

Definitions

United States

United States means the United States of America (including its possessions and territories).

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

PRODUCTS / COMPLETED OPERATIONS EXCLUSION

This insurance does not apply to **bodily injury** or **property damage** included in the **products-completed operations**

All other terms and conditions remain unchanged.

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance**Endorsement**

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

COVERAGE FOR NON MANUAL EXECUTIVE VISITS

It is hereby understood and agreed that notwithstanding anything stated to the contrary anywhere in the policy, this insurance covers legal liability arising out of travel of executives of the Named Insured anywhere in the world for non manual business visits only.

All other terms and conditions remain unchanged.



Authorized Representative

Commercial General Liability Insurance

Endorsement

Policy Period	From: 13 May 2024 To: 12 May 2025
Effective Date	13 May 2024
Policy Number	3117205460190201000
Insured	SRI KAUVERY MEDICAL CARE INIDA LIMITED
Name of Company	HDFC ERGO General Insurance Company Limited
Date Issued	31 May 2024

CLAIMS SERIES CLAUSE

Under Limits of Insurance, the following provision is included

For the purpose of this policy where a series of and/or several Injuries and/or Damages which give rise to claims are attributable directly or indirectly to the same cause all such claims shall be added together and treated as one claim and such claim shall be deemed to have been made at the point in time when the first of the claims was made in writing against the Insured. There shall, however, be no coverage for claims made arising from one specific cause which are made later than 03 years after the first claim of the series

All other terms and conditions remain unchanged.



Authorized Representative

Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre : 022-62346234/ 0120-62346234
- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our Redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Cell,
HDFC ERGO General Insurance Company Ltd.
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
Email: grievance@hdfcergo.com

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address

The Chief Grievance Officer
HDFC ERGO General Insurance Company Limited
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
E Mail: cgo@hdfcergo.com

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Names of Ombudsman and Addresses of Ombudsmen Centers	
Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - The Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Titik Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - The Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No: 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL - The Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - The Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH - The Ombudsman Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.
CHENNAI - The Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI - The Ombudsman Office of the Insurance Ombudsman,	Delhi and following Districts of Haryana viz: Gurugram, Faridabad, Sonapat and Bahadurgarh

Liability Insurance

continued

Endorsement

Page 84 of 86

HDFC ERGO General Insurance Company Limited. (Formerly HDFC General Insurance Limited from Sept 14, 2018 and L&T General Insurance Company Limited upto Sept 13, 2018). CIN: U68030MH2007PLC171117. Registered & Corporate Office: 1st Floor, HDFC House, 188-189 Backbay, Reclamation, H. T. Park, 4th Floor, Churchgate, Mumbai – 400 020. Customer Service Address: 2nd-3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Shiroda (West), Mumbai – 400 078. Toll Free Number: 1800-2700-700. Tel.: +91-22-6638-3600. Fax: +91-22-6638-3659. care@hdfcergo.com | www.hdfcergo.com | UIN: IRDAN125RFD001V01300607 Reg. No. 148.

2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002 Tel: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	
GUWAHATI- The Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM) Tel: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD- The Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004 Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam and part of Union Territory of Puducherry.
JAIPUR- The Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005, Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM - The Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pullinai Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015, Tel: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - The Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072, Tel: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim Andaman & Nicobar Islands.
LUCKNOW - The Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001, Tel: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI- The Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane

Mumbai - 400 054 Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpai.mumbai@cioins.co.in	
NOIDA - The Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301 Tel.: 0120 - 2514252 / 2514253 Email: bimalokpai.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshirammagar, Saharanpur.
PATNA - The Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001 Tel.: 0612-2547068 Email: bimalokpai.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - The Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s: 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpai.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

PATIENT INFORMATION

Mr MATHIAZHAGAN K

DOB : 15/05/2001

AGE : 22Y

GENDER : MALE

Dr Anusha

UHID # : SKM104041



OP/IP No. : OPV107967

Visit Date : 17/08/2023 09:04

STATUS : Approved

HMS ID : KM230000004217

Outpatient Visit Summary
Department of Master Health Checkup

VISIT INFORMATION

Ref : RNTE106621

Type : New

Attended By : Dr Anusha A S MBBS, MD, PGDFM

VITALS

Vital	Value
HEIGHT	170.8 cm
WEIGHT	71.8 kg
BMI	24.61 kg/m2
PULSE RATE	94 beats/min
BLOOD PRESSURE	130~80 mm/Hg
SPO2	99 %

Master Health Checkup

Consultation Notes

Chief Complaints	no specific complaints
Allergy	No
Bowel Habits	Normal
Previous Medical / Surgical History	no significant past history
Family History	no significant family history
Psychological Status	Normal
Investigation Done	CXR - no significant abnormality seen Hb - 13.1, RBS - 108
Provisional Diagnosis	Fit to work

ORDER

N/A

PRESCRIPTION

N/A

PATIENT INFORMATION

Mr MATHIAZHAGAN K

DOB : 15/05/2001

AGE : 22Y

GENDER : MALE

Dr Anusha

UHID # : KM230000004217



OP/IP No. : OPV107967

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Psychological Status	Normal
Investigation Done	CXR - no significant abnormality seen Hb - 13.1, RBS - 108
Provisional Diagnosis	Fit to work

ORDER

N/A

PRESCRIPTION

N/A

UHID / MHC : KM230000004217 / OPKM00005421(MHC)

Patient Name : Mr. Mathiyazhagan K

Order Date : 05/08/2023 02:33 PM

Age / Gender : 23/Years / Male

Collected Date : 05/08/2023 02:36 PM

Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

Report Date : 05/08/2023 05:17 PM

Order No : 1000094378



LABORATORY REPORT

Pre Employment Health Check Below 40yrs

Haematology

Investigation Name	Result	Unit	Reference Range
CBC (Complete Blood Count)			
Complete Blood Count (CBC)			
Haemoglobin Method: (Non cyanide - sodium lauryl sulfate (SLB))	13.1	g/dl	13.0-17.0
Haematocrit Method: (Direct Current - Sheath flow)	42.1	%	40.0-50.0
Total WBC Count Method: (Fluorescent - flow cytometry)	7420	Cells/cumm	4000-10000
Neutrophil Method: (VCS Technology)	49.1	%	40-80
Lymphocyte Method: (VCS Technology)	43.1	%	26-35
Monocyte Method: (VCS Technology)	5.0	%	2-10
Eosinophil Method: (VCS Technology)	2.3	%	1-6
Basophil Method: (VCS Technology)	0.5	%	0-1
Total RBC Count Method: (Direct Current - Sheath flow)	6.78	mill/cumm	4.5-5.5
Mean Corpuscular Volume (MCV) Method: (Calculated from RBC & HCT)	62.1	fL	83-101
(MCH) Mean Corpuscular Haemoglobin Method: (Calculated from HB & RBC)	19.3	pg	27-32
(MCHC) Mean Corpuscular Haemoglobin Method: (Calculated from HB & HCT)	31.1	%	31.5-34.5
Platelet Count Method: (Direct Current - Sheath flow)	306000	cells/pl	150000-450000

Sample Collected Details
EDTA:Blood /1000155577

Lakshmi Priya
Validated By


DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186
Approved By

UHID / MHC : KM230000004217 / OPKM00005421(MHC)

Patient Name : Mr. Mathiyazhagan K

Order Date : 05/08/2023 02:33 PM

Age / Gender : 23/Years / Male

Collected Date : 05/08/2023 02:36 PM

Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD

Report Date : 05/08/2023 05:17 PM

Order No : 1000094378



Clinical Pathology

Investigation Name	Result	Unit	Reference Range
URINE COMPLETE ANALYSIS			
URINE COMPLETE ANALYSIS			
Crystals Method: (Microscopy)	Nil	/HPF	
Appearance Method: (Manual)	Clear	-	Clear
pH Method: (Dipstick / Manual)	6.0	-	5-9
Urine Specific Gravity Method: (Dipstick)	1.030	-	
Urine Sugar Method: (Dipstick / Manual)	Nil	-	Negative
Urine Protein Method: (Dipstick / Manual)	Nil	mg/dL	Negative
Urine Blood Method: (Dipstick / Manual)	Nil	-	Negative
Urine Ketone Method: (Dipstick / Manual)	Negative	-	Negative
Bilirubin Method: (Dipstick / Manual)	Negative	-	Negative
Urobilinogen Method: (Dipstick / Manual)	Negative	-	
Urine Nitrite Method: (Dipstick / Manual)	Negative	-	Negative
WBC cells Method: (Microscopy)	2-4	/HPF	
Epithelial cells Method: (Microscopy)	2-3	/HPF	Occasional
RBC Method: (Microscopy)	Nil	/HPF	Nil
Casts Method: (Microscopy)	Nil	/HPF	Nil
Colour Method: (Manual)	Yellow	-	Straw to Yellow

Sample Collected Details
Urine /1000155374

Lakshmi Priya
Validated By


DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186
Approved By

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129

T: 044-6112-6111 | F: +91-9-012-35277 | Emergency: 044-4050 4050

E: care.km@kauveryhospital.com W: www.kauveryhospital.com

UHID / MHC : KM230000004217 / OPKM00005421(MHC)

Patient Name : Mr. Mathiyazhagan K

Age / Gender : 23/Years / Male

Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD

Order Date : 05/08/2023 02:33 PM

Collected Date :

Report Date :

Order No : 1000094378



Clinical Chemistry

Investigation Name	Result	Unit	Reference Range
Blood Glucose Random (RBS) Method: Hexokinase	108	mg/dL	70-140

Sample Collected Details
Order / 1000155376

Lakshmi Priya
Validated By

R. Cecily Deepika
DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186
Approved By

Patient Name: Mr. Mathiyazhagan K	UHID: KM230000004217	Referring Dr: Dr. Anusha
Investigation: X-RAY Chest	Age/Sex: 22 yrs/M	Date: 05.08.2023

X-RAY CHEST PA VIEW

FINDINGS:

Both the lung fields are clear.

The cardiophrenic and costo-phrenic angles are clear.

No hilar or mediastinal mass is seen.

Domes of diaphragm are normal in position and contour.

The cardiac outlines are normal.

No obvious bony or soft tissue abnormality is seen.

IMPRESSION:

- No significant abnormality seen.



Dr. M.S. Anand,
Consultant Radiologist.

Pre Employment Health Check Below 40yrs

UHID / MHC : KM230000004217 / OPKM00005421(MHC)	SID :
Patient Name : Mr. Mathiyazhagan K	Order Date : 05/08/2023 02:33:49 PM
Age / Gender : 22 Years / Male	Collected Date : 05/08/2023 02:36 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Report Date : 05/08/2023 06:09:16 PM
Mobile : 8940104963	Order No : 1000094378

LABORATORY REPORT

Haematology

Investigation Name	Result	Unit	Method	Reference Range
Complete Blood Count (CBC)				
Complete Blood Count (CBC)				
Haemoglobin	13.1	g/dl	(Non cyanide - sodium lauryl sulfate (SLS))	13.0-17.0
Haematocrit	42.1	%	(Direct Current - Sheath flow)	40.0-50.0
Total WBC Count	7420	Cells/cumm	(Fluorescent - flow cytometry)	4000-10000
Neutrophil	49.1	%	(VCS Technology)	40-80
Lymphocyte	43.4	%	(VCS Technology)	28-35
Monocyte	5.0	%	(VCS Technology)	2-10
Eosinophil	2.3	%	(VCS Technology)	1-5
Basophil	0.5	%	(VCS Technology)	0-1
Total RBC Count	6.78	mill/cumm	(Direct Current - Sheath flow)	4.5-5.5
MCV	62.1	fL	(Calculated from RBC & HCT)	83-101
MCH	19.3	pg	(Calculated from HB & RBC)	27-32
MCHC	31.1	%	(Calculated from HB & HCT)	31.5-34.5
Platelet Count	306000	cells/μl	(Direct Current - Sheath flow)	150000-450000

Lakshmi Priya

Validated By

PLEASE CORRELATE CLINICALLY

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No: 112186

Approved By

UHID / MHC : KM230000004217 / OPKM00005421(MHC)
 Patient Name : Mr. Mathiyazhagan K
 Age / Gender : 22 Years / Male
 Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

SID :
 Order Date : 05/08/2023 02:33:49 PM
 Collected Date : 05/08/2023 02:36 PM
 Report Date : 05/08/2023 06:09:16 PM
 Order No : 1000094378



Mobile : 8940104963

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range
URINE COMPLETE ANALYSIS				
URINE COMPLETE ANALYSIS				
Colour	Yellow	-	(Manual)	Straw to Yellow
Appearance	Clear	-	(Manual)	Clear
pH	6.0	-	(Dipstick / Manual)	5-8
Specific Gravity	1.030	-	(Dipstick)	
Urine Glucose	Nil	-	(Dipstick / Manual)	Negative
Protein	Nil	mg/dL	(Dipstick / Manual)	Negative
Urine Blood	Nil	-	(Dipstick / Manual)	Negative
Urine Ketone	Negative	-	(Dipstick / Manual)	Negative
Bilirubin	Negative	-	(Dipstick / Manual)	Negative
Urobilinogen	Negative	-	(Dipstick / Manual)	
Nitrite	Negative	-	(Dipstick / Manual)	Negative
WBC cells	2-4	/HPF	(Microscopy)	
Epithelial cells	2-3	/HPF	(Microscopy)	Occasional
RBC	Nil	/HPF	(Microscopy)	Nil
Casts	Nil	/HPF	(Microscopy)	Nil
Crystals	Nil	/HPF	(Microscopy)	

UHID / MHC : KM230000004217 / OPKM00005421(MHC)	SID :
Patient Name : Mr. Mathiyazhagan K	Order Date : 05/08/2023 02:33:49 PM
Age / Gender : 22 Years / Male	Collected Date : 05/08/2023 02:38 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Report Date : 05/08/2023 06:09:16 PM
Mobile : 8940104963	Order No : 1000094378

Biochemistry

Investigation Name	Result	Unit	Method	Reference Range

Lakshmi Priya

Validated By

—END OF THE REPORT—
PLEASE CORRELATE CLINICALLY

Dr. R. Cecily Deepika
DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Approved By

183491

PATIENT INFORMATION

Mr Mathiyazhagan K

DOB : 05/08/2001

AGE : 23Y

GENDER : MALE

**Dr. Vidya Karpagam K, MBB5 , MD ,
PGDFM , C Diab**

UHID # : KM230000004217



OP/IP No. : OPKM00099026

Visit Date : 17/10/2024 10:45

STATUS : Approved

HMS ID : KM230000004217

**Outpatient Visit Summary
Department of General Medicine**

VISIT INFORMATION

Ref : RNT188806

Type : New

Attended By : **Dr MHC Consultant**

VITALS

Vital	Value
HEIGHT	168 cm
WEIGHT	75.8 kg
BMI	26.86 kg/m2
PULSE RATE	88 beats/min
BLOOD PRESSURE	130-80 mm/Hg
SPO2	100 %

Master Health Checkup

Consultation Notes:

Chief Complaints	ANNUAL HEALTH CHECK UP DEPART- NURSING NEURO ICU NO H/O DM/HTN/HYPOTHYROIDISM
Allergy	No
Presenting Complaints	NIL
Bowel Habits	Normal
Previous Medical / Surgical History	NIL
Family History	MOTHER-HTN/ DM
Nutritional Status	Moderate built
Psychological Status	Normal
Ophthalmology Consultation	SIMPLE MYOPIC ASTIGMATISM
Investigation Done	HB-13.6G/DL, MCV-62.6FL, MCH- 20.2, RBS- 112MG/DL ANTIBODY TO HBS- 592.91MIU/ML
Provisional Diagnosis	FIT FOR EMPLOYMENT

Diet and Exercise Prescribed

REGULAR EXERCISE

ORDER

N/A

PRESCRIPTION

N/A

Dr. Suresh S
Reg. No: 112638

Dr MHC Consultant

Patient Name	MATHIAZHAGAN K 23Y/M	Patient ID	KM230000004217
Referring Doctor	DR.VIDYA KARPAGAM	Date	17-10-2024
Study Description	X-RAY CHEST PA VIEW		

CHEST XRAY PA VIEW

Positional rotation noted .
 Both Lungs appear normal .
 Cardio thoracic ratio is within normal limits .
 Costo phrenic and cardio phrenic angles are free on both sides .
 Both domes of diaphragms appear normal .
 Visualized bones of thoracic cage appear normal .

IMPRESSION:

- No significant abnormality detected .
- Kindly correlate clinically and with other investigations .



Dr. Anand M
Consultant Radiology
Reg No: 77292

24/10/24



MASTER HEALTH CHECKUP

EYE EXAMINATION

NAME: Mr. Nanthiyazhagan. K.
AGE: 22y / M.

UHID: 451 ±

HISTORY:

OU: No Clo difficulties in D.V. & N.V.
OU: No other ocular complaint.

GH: Normal.

VISION (U/A):

OD: 6/60, NB
OS: 6/60, NB

REFRACTION:

OD: $\pm 1 - 0.50 DC \times 80$ — 6/6, NB
OS: $\pm 1 - 0.50 DC \times 70$ — 6/6, NB
ADD:

COLOUR VN:

OD: 21/21 plates
OS: 21/21 plates
OU: Normal

PUPIL:

OD: 4 ER
OS:

NCT (IOP):

OD: 18 mmHg (N) 11.25 mm
OS: 18 mmHg (N)

IMPRESSION:

OU: Simple myopia N/A

[Signature]
T. 10/10/24

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129
T: 044 6111 6111 | D: +91 94911 94977 | E: 044 4050 4050
E: care.krr@kauveryhospital.com W: www.kauveryhospital.com

UHD / MHC : KM230000004217 / OPKM00099026(MHC)	Order Date : 17/10/2024 10:45 AM
Patient Name : Mr. Mathiyazhagan K	Collected Date : 17/10/2024 10:53 AM
Age / Gender : 23/Years/Male	Report Date : 17/10/2024 03:36 PM
Referred by : Dr. Vidya Karpagam K. MBBS . MD : PGDFM . C.Diab.	Order No : 10098580



LABORATORY REPORT
Annual Health Check Clinical Below 40

Haematology			
Investigation Name	Result	Unit	Reference Range
CBC (Complete Blood Count)			
Complete Blood Count (CBC)			
Haemoglobin	13.6	g/dl	13.0-17.0
Method: (Hem. analyzer - sodium lauryl sulfate (SLS))			
Hematocrit	42.1	%	40.0-50.0
Method: Cumulative column height detection method			
Total RBC Count	6.73	mill/cumm	4.5-6.5
Method: Hydrodynamic focusing DC			
1. No. Erythrocytes with normochromic hypochromic RBC, spherocytes, stomatocytoid target cells, schistocytes, acanthocytes to rule out RBC variant, 2. Iron profile to rule out deficiency, 3. Reticulocyte count & To rule out dehydration.			
Mean Corpuscular Volume (MCV)	62.6	fL	83-101
Method: Calculation			
(MCH) Mean Corpuscular Haemoglobin	20.2	pg/cell	27-32
Method: Calculation			
(MCHC) Mean Corpuscular Haemoglobin	32.3	g/dl	31.5-34.5
Method: Calculation			
Red Cell Distribution (RDW - CV)	17.0	%	11.5-14
Method: Calculation			
Total WBC Count	7460	Cells/cumm	4000-11000
Method: Flow Cytometry			
Neutrophil	54.1	%	40-80
Method: Fluorescence flow cytometry			
Lymphocyte	38.8	%	20-40
Method: Fluorescence flow cytometry			
Monocyte	4.8	%	2-10
Method: Fluorescence flow cytometry			
Eosinophil	1.6	%	1-6
Method: Fluorescence flow cytometry			
Basophil	0.7	%	1-1.5
Method: Fluorescence flow cytometry			
Absolute Neutrophil Count (ANC)	4030	Cells/cumm	2000-7000
Method: Calculation			
Absolute Lymphocyte Count (ALC)	2890	Cells/cumm	1000-3000
Method: Calculation			
Absolute Monocyte Count (AMC)	360	Cells/cumm	200-1000
Method: Calculation			
Absolute Eosinophil Count (AEC)	120	Cells/cumm	20-500
Method: Calculation			
Absolute Basophil Count (ABC)	50	Cells/cumm	0-100
Method: Calculation			

UHID / MHC : KM230000004217 / OPKM00009026(MHC)

Patient Name : Mr. Mathiyazhagan K

Order Date : 17/10/2024 10:45 AM

Age / Gender : 23/Years/Male

Collected Date : 17/10/2024 10:53 AM

Referred by : Dr. Vidya Karpagam K, MBBS, MD, PGDFM, C Diab

Report Date : 17/10/2024 03:36 PM



Order No : 10098580

Platelet Count

Method: Hematology forming DC

301000

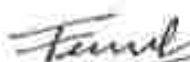
cells/ μ l

150000-410000

Sample Collected Details

EDTA,Blood (1100000000)

Kanmani Arumai
Validated By



DR. FEMELE M, MD, DNB, MNAMS, DPERCPATH

Reg No:77589

Approved By

UHID / MHC : KM230000004217 / OPKM00090026(MHC)

Patient Name : Mr. Mathiyazhagan K

Order Date : 17/10/2024 10:45 AM

Age / Gender : 23/Years/Male

Collected Date : 17/10/2024 01:48 PM

Referred by : Dr. Vidya Karpagam K, MBBS, MD, PGDFM, C Diab

Report Date : 17/10/2024 03:22 PM

Order No : 10098580

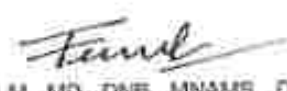
Clinical Pathology

Investigation Name	Result	Unit	Reference Range

URINE COMPLETE ANALYSIS
URINE COMPLETE ANALYSIS

Colour	Straw-yellow	-	Straw to Yellow
Method: (Manual)			
Appearance	Clear	-	Clear
Method: (Manual)			
pH	6.0	-	5-8
Method: (pH indicator blue-methyl red indicator)			
U- Specific Gravity	1.030	-	1.003 - 1.030
Method: (Refractometer)			
Urine Sugar	Negative	-	Negative
Method: (Glucose oxidase-peroxidase-4-aminophenyl reaction)			
Urine Protein	Negative	-	Negative
Method: (Tetra bromophenol blue indicator dye)			
Urine Blood	Negative	-	Negative
Method: (Hydroperoxide-chromogen reaction)			
Urine Ketone	Negative	-	Negative
Method: (Lapate test)			
Bilirubin	Negative	-	Negative
Method: (Diazotization test)			
Urobilinogen	Normal	-	Normal
Method: (Diazotization test)			
Urine Nitrite	Negative	-	Negative
Method: (Griess reaction)			
Pus cells	2-3	/HPF	0-4
Method: (Microscopy)			
Epithelial cells	Occasional	/HPF	Occasional
Method: (Microscopy)			
RBC	Nil	/HPF	0-2
Method: (Microscopy)			
Casts	Nil	/HPF	Nil
Method: (Microscopy)			
Crystals	Nil	/HPF	Nil
Method: (Microscopy)			

Sample Collected Details
 Date: 17/10/2024

Kannur Animal
Validated By

DR. FEMELA M, MD, DNB, MNAMS, DIPRC PATH
 Reg No: 77589
Approved By

Printed On: 18/10/2024 12:28:11 PM Printed By: Shreya

 END OF THE REPORT
 PLEASE CONSULT CLINICIAN

Page 3/4

UHID / MHC : KM230000004217 / GPKM00099026(MHC)

Patient Name : Mr. Mathiyazhagan K

Age / Gender : 23/Years/Male

Referred by : Dr. Vidya Karpagam K. MBBS , MD , PGDFM , C Diab

Order Date : 17/10/2024 10:45 AM

Collected Date : 17/10/2024 10:53 AM

Report Date : 17/10/2024 12:28 PM

Order No : 10098580



Clinical Chemistry

Investigation Name	Result	Unit	Reference Range

Blood Glucose Random (RBS)

112

mg/dL

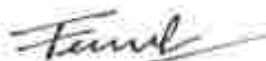
70-140

Method: Colorimetric - Glucose Oxidase peroxidase

Sample Collected Details

Fluoride Plasma-F / 1000985804

Muruganathan
Validated By



DR. FEMELA M, MD , DNS , MNAMS , DIPRC PATH

Reg No:77589

Approved By

PATIENT INFORMATION

Mrs P Nancy

DOB : 14/09/1984

AGE : 40Y

GENDER : FEMALE

Dr. MHC Consultant ,

UHID # : **KM230000007118**



OP/IP No. : **OPKM00097505**

Visit Date : **09/10/2024 14:58**

STATUS : **Approved**

HMS ID : **KM230000007118**

Outpatient Visit Summary Department of General Medicine

VISIT INFORMATION

Ref : **RNTE186569**

Type : **New**

Attended By : **Dr MHC Consultant**

VITALS

Vital	Value
HEIGHT	146 cm
WEIGHT	65.8 kg
BMI	30.87 kg/m ²
PULSE RATE	94 beats/min
BLOOD PRESSURE	110~70 mm/Hg
SPO2	100 %

Master Health Checkup

Consultation Notes

Chief Complaints

ANNUAL HEALTH CHECK UP
DEPART: PHARMACY
NO/H/O DM/H/TN/HYPOTHYROIDISM

Allergy

No

Presenting Complaints

Uddiness occasionally if delay in breakfast

Bowel Habits

Normal

Previous Medical / Surgical History

ISC5-2018, 2005.
2014 PREGNANCY ABORTED AT 7 MONTH OF GESTATION (REDUCED HEART BEAT)/OPEN SURGERY

Family History

Nil

Nutritional Status

Obese

Psychological Status

Normal

Ophthalmology Consultation

EMMETROPIA

Investigation Done

HB- 11.2g/dl, mcv- 78.1; mch- 25.6
Urine- blood ++,
RBS- 97mg/dl

Provisional Diagnosis

FIT FOR EMPLOYMENT

Advice

TO DO HBA1C REVIEW WITH REPORTS

Diet and Exercise Prescribed

WALKING 45MINS 5 DAYS PER WEEK
HEALTHY DIET

ORDER

N/A

PRESCRIPTION

N/A

Dr. Teena S
Reg. No: 112638

Dr MHC Consultant

14/10/24

Mrs. P. Nany.

604/F

UH ID: 07118



CV: no c/o difficulty in Dm & N/A
OU: no other ocular complaint.
AH: Normal.

VA (U/A):

OD: 6/6, N6

OS: 6/6, N6

Refraction:

OD: ± — 6/6, N6
OS: ± — 6/6, N6.

Glauc - VA

OU: 2/21, N/A - & Normal.

Pupils:

OU: R/R

NCT:

OD: 16
OS: 19 mmHg @ 4:30 PM

Imp: OU: Emmetropia

S. M. S.
12/10/24

Kauvery Hospital

No. 2/473, Radial Road, Near Eachungadu Junction, Chennai - 600 129
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E: care.kir@kauveryhospital.com W: www.kauveryhospital.com

UHID / MHC : KM230000007118 / OPKM00097505(MHC)

Patient Name : Mrs. P Nancy

Order Date : 09/10/2024 02:58 PM

Age / Gender : 40/Years/Female

Collected Date : 09/10/2024 03:05 PM

Referred by : Dr. MHC Consultant.

Report Date : 09/10/2024 08:11 PM

Order No : 10095962



LABORATORY REPORT

Annual Health Check Non Clinical Below 40

Haematology

Investigation Name	Result	Unit	Reference Range
CBC (Complete Blood Count)			
Complete Blood Count (CBC)			
Haemoglobin Method: Hemocytometer - sodium lauryl sulfate (SLS)	11.2	g/dl	12.0-15.0
Haematocrit Method: Cumulative pulse height detection method	34.2	%	35-48
Total RBC Count Method: Hydrodynamic focusing DC	4.38	mill/cumm	3.5-4.5
Mean Corpuscular Volume (MCV) Method: Calculation	78.1	f	83-101
(MCH) Mean Corpuscular Haemoglobin Method: Calculation	25.6	pg/cell	27-32
(MCHC) Mean Corpuscular Haemoglobin Method: Calculation	32.7	g/dl	31.5-34.5
Red Cell Distribution (RDW - CV) Method: Calculation	14.3	%	11.5-14
Total WBC Count Method: Flow Cytometry	9850	Cells/cumm	4000-11000
Neutrophil Method: Fluorescence flow cytometry	76.5	%	40-80
Lymphocyte Method: Fluorescence flow cytometry	16.3	%	20-40
Monocyte Method: Fluorescence flow cytometry	5.0	%	2-10
Eosinophil Method: Fluorescence flow cytometry	1.8	%	1-6
Basophil Method: Fluorescence flow cytometry	0.4	%	1-1.9
Absolute Neutrophil Count (ANC) Method: Calculation	7530	Cells/cumm	2000-7000
Absolute Lymphocyte Count (ALC) Method: Calculation	1610	Cells/cumm	1000-3000
Absolute Monocyte Count (AMC) Method: Calculation	490	Cells/cumm	200-1000
Absolute Eosinophil Count (AEC) Method: Calculation	180	Cells/cumm	20-500
Absolute Basophil Count (ABC) Method: Calculation	40	Cells/cumm	0-100
Platelet Count Method: Hydrodynamic focusing DC	406000	cells/pl	150000-410000
Sample Collected Details EDTA blood /1100591891			

Printed On: 14 OCT 2024 17:02:23 PM Printed By: Ppys

THIS IS THE REPORT
PLEASE CORRELATE CLINICALLY

Page 1/4

Sri Kauvery Medical Care (India) Limited

2/473, 200 Feet Road Rd, Ganapathy Nagar, Kovilambakkam, Chennai, Tamil Nadu 600129

T: 044 6111 6111 | Emergency: 044 4050 4050

E: care@kauveryhospital.com W: www.kauveryhospital.com

UHID / MHC : KM230000007118 / OPKM00097505(MHC)

Patient Name : Mrs. P Nancy

Age / Gender : 40/Years/Female

Referred by : Dr. MHC Consultant

Order Date : 09/10/2024 02:58 PM

Collected Date : 09/10/2024 06:45 PM

Report Date : 09/10/2024 08:12 PM

Order No : 10095962



Kanmani Arnnal
Validated By


DR. FEMELA M, MD, DNB, MNAMS, DIPRC PATH
Reg No: 77589
Approved By

UHID / MHC : KM230000007118 / OPKM00007505(MHC)

Patient Name : Mrs. P Nancy

Age / Gender : 40/Years/Female

Referred by : Dr. MHC Consultant,

Order Date : 09/10/2024 02:58 PM

Collected Date : 09/10/2024 03:05 PM

Report Date : 09/10/2024 08:12 PM

Order No : 10095962

Clinical Pathology

Investigation Name	Result	Unit	Reference Range
URINE COMPLETE ANALYSIS			
URINE COMPLETE ANALYSIS			
Colour Method: (Manual)	Straw-yellow	-	Straw to Yellow
Appearance Method: (Manual)	Slightly turbid	-	Clear
pH Method: Bromthymol blue-methyl red indicator	5.5	-	5-9
Urine Specific Gravity Method: Bromthymol indicator	1.020	-	1.000 - 1.030
Urine Sugar Method: Glucose oxidase-peroxidase-chromogen reaction	Negative	-	Negative
Urine Protein Method: Tetra-bromophenol blue indicator dye	Negative	-	Negative
Urine Blood Method: Hydroxymercuric-chloranil reaction	(++)	-	Negative
Urine Ketone Method: Legal's test	Negative	-	Negative
Bilirubin Method: (Diazotization test)	Negative	-	Negative
Urobilinogen Method: Diposonum test	Normal	-	Normal
Urine Nitrite Method: Griess reaction	Negative	-	Negative
Pus cells Method: (Microscopy)	2-3	/HPF	0-4
Epithelial cells Method: (Microscopy)	2-4	/HPF	Occasional
RBC Method: (Microscopy)	4-6	/HPF	0-2
Casts Method: (Microscopy)	Nil	/HPF	NIL
Crystals Method: (Microscopy)	Nil	/HPF	NIL
Sample Collected Details Urine / (1000006)			

Kannani Anmol
Validated By


DR. FEMELA M. MD, DNB, MNAMS, DIPROPATH
 Reg No: 77589
 Approved By

UHID / MHC : KM230000007118 / OPKM00097505(MHC)

Patient Name : Mrs. P Nancy

Age / Gender : 40/Years/Female

Referred by : Dr. MHC Consultant

Order Date : 09/10/2024 02:58 PM

Collected Date : 09/10/2024 03:05 PM

Report Date : 09/10/2024 08:12 PM

Order No : 10095962



Clinical Chemistry

Investigation Name	Result	Unit	Reference Range
Blood Glucose Random (RBS) Method: Cobinetrin - Glucose Oxidase peroxidase	97	mg/dL	70-140
Sample Collected Details Hounder: Patma-R / 1100010802			

Muruganantham
Validated By


DR. FEMELA M, MD, DNB, MNAMS, DIPRC PATH
Reg No. 77589
Approved By

Patient Name	P NANCY 40Y/F	Patient ID	KM230000007118
Referring Doctor	MHC CONSULTANT	Date	09-10-2024
Study Description	X-RAY CHEST PA VIEW		

CHEST X RAY PA VIEW

Positional rotation noted.

Both Lungs appear normal.

Cardio thoracic ratio is within normal limits.

Costo phrenic and cardio phrenic angles are free on both sides.

Both domes of diaphragms appear normal.

Visualized bones of thoracic cage appear normal.

IMPRESSION:

- No significant abnormality detected.
- Kindly correlate clinically and with other investigations.



Dr. Anand M
Consultant Radiology
Reg No: 77292

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129
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E: care.krr@kauveryhospital.com W: www.kauveryhospital.com

123231 *Dr Anusha*
19/7/23

PATIENT INFORMATION

Mrs P NANCY

DOB : 08/12/1983

AGE : 39Y

GENDER : FEMALE

Dr Anusha

UHID # : SKM106280



OP/IP No. : OPV113345

Visit Date : 22/09/2023 12:25

STATUS : Approved

HMS ID : KM230000007118

Outpatient Visit Summary

Department of Master Health Checkup

VISIT INFORMATION

Ref : RNTE111151

Type : New

Attended By: **Dr Anusha A S MBBS, MD, PGDFM**

VITALS

Vital	Value
HEIGHT	148.8 cm
WEIGHT	67.0 kg
BMI	30.26 kg/m ²
PULSE RATE	78 beats/min
BLOOD PRESSURE	120-60 mm/Hg
SPO2	99 %

Master Health Checkup

Consultation Notes

Chief Complaints	no specific complaints
Allergy	No
Bowel Habits	Normal
Previous Medical / Surgical History	no significant past history
Family History	no significant family history
Nutritional Status	Moderate built
Psychological Status	Normal
Investigation Done	CXR - no significant abnormality Hb - 11.1, PCV - 35.7, RBS - 90
Provisional Diagnosis	mild anemia, fit to work
Package Suggested / Assessment / Plan	review with cbc after 3 months
Advice	iron rich diet

ORDER

N/A

PRESCRIPTION

N/A

Dr. Anusha
Dr. ANUSHA AS

MBBS, MD (Community Medicine)

Medical Officer - Preventive Health Check

Reg. No: 91812

Page Number: 1 of 2

Kauvery Hospital

No: 2/473, Radial Road, Kovilambakkam, Chennai-600 129

T: 044 6111 6111, G: +91 94811 54977 | E: 044 4050-4050

E: care.km@kauveryhospital.com | W: www.kauveryhospital.com

Patient Name	P NANCY 39Y/F	Patient ID	KM230000007118
Referring Doctor	DR.ANUSHA AS	Date	14-09-2023
Study Description	X-RAY CHEST		

Chest X-Ray PA View

Both lungs appear normal.

Cardio thoracic ratio is within normal limits.

Costophrenic and cardio phrenic angles are free on both sides.

Both domes of diaphragms appear normal.

Visualized bones of thoracic cage appear normal.

Impression:

- No significant abnormality detected.
- Kindly correlate clinically and with other investigations.



Dr. M.S. Anand,
Consultant Radiologist.

Pre Employment Health Check Below 40yrs

UHID / MHC : KM230000007118 / OPKM00009864(MHC)	SID :
Patient Name : Mrs. P Nancy	Order Date : 14/09/2023 03:30:04 PM
Age / Gender : 39 Years / Female	Collected : 14/09/2023 03:56 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Date :
	Report Date : 14/09/2023 06:27:27 PM
Mobile : 6383880948	Order No : 1000104195



LABORATORY REPORT

Haematology

Investigation Name	Result	Unit	Method	Reference Range
Blood Grouping and Rh Typing				
Blood Grouping and Rh Typing	" B " POSITIVE	-	(Manual Tube / Slide)	
Complete Blood Count (CBC)				
Complete Blood Count (CBC)				
Haemoglobin	11.1	g/dl	(Non cyanide - sodium lauryl sulfate (SLS))	12.0-15.0
Haematocrit	35.7	%	(Direct Current - Sheath flow)	36-46
Total WBC Count	9810	Cells/cumm	(Fluorescent - flow cytometry)	4000-10000
Neutrophil	69.8	%	(VCS Technology)	40-80
Lymphocyte	23.3	%	(VCS Technology)	20-40
Monocyte	5.1	%	(VCS Technology)	2-10
Eosinophil	1.4	%	(VCS Technology)	1-6
Basophil	0.4	%	(VCS Technology)	0-1
Total RBC Count	4.59	10 ⁹ /ML	(Direct Current - Sheath flow)	3.6-4.8
MCV	77.8	fL	(Calculated from RBC & HCT)	83-101
MCH	24.1	pg	(Calculated from HB & RBC)	27-32
MCHC	31.1	%	(Calculated from HB & HCT)	31.5-34.5
Platelet Count	481000	cells/ μ L	(Direct Current - Sheath flow)	150000-450000

UHID / MHC : KM23000007118 / OPKM00009664(MHC)	SID :
Patient Name : Mrs. P Nancy	Order Date : 14/09/2023 03:30:04 PM
Age / Gender : 39 Years / Female	Collected : 14/09/2023 03:58 PM
Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD	Date :
	Report Date : 14/09/2023 06:27:27 PM
Mobile : 6383680948	Order No : 1000104195

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range

Lakshmi Priya

Validated By

 PLEASE CORRELATE CLINICALLY

R. Cecily Deepika

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
 Reg No:112186

Approved By

UHID / MHC : KM230000007118 / OPKM00009564(MHC)

Patient Name : Mrs. P Nancy

Age / Gender : 39 Years / Female

Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD

Mobile : 6383680948

SID :

Order Date : 14/09/2023 03:30:04 PM

Collected Date : 14/09/2023 03:55 PM

Report Date : 14/09/2023 06:27:27 PM

Order No : 1000104195

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range
URINE COMPLETE ANALYSIS				
URINE COMPLETE ANALYSIS				
Colour	Pale Yellow	-	(Manual)	Straw to Yellow
Appearance	Clear	-	(Manual)	Clear
pH	7.0	-	(Dipstick / Manual)	5-8
Specific Gravity	1.015	-	(Dipstick)	
Urine Glucose	Negative	-	(Dipstick / Manual)	Negative
Protein	Negative	mg/dL	(Dipstick / Manual)	Negative
Urine Blood	Negative	-	(Dipstick / Manual)	Negative
Urine Ketone	Negative	-	(Dipstick / Manual)	Negative
Bilirubin	Negative	-	(Dipstick / Manual)	Negative
Urobilinogen	Normal	-	(Dipstick / Manual)	
Nitrite	Negative	-	(Dipstick / Manual)	Negative
Pus cells	3 - 5	/HPF	(Microscopy)	
Epithelial cells	3 - 5	/HPF	(Microscopy)	Occasional
RBC	Nil	/HPF	(Microscopy)	Nil
Casts	Nil	/HPF	(Microscopy)	NL
Crystals	Nil	/HPF	(Microscopy)	

UHID / MHC : KM230000007118 / OPKM00009664(MHC)

Patient Name : Mrs. P Nancy

Age / Gender : 39 Years / Female

Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

Mobile : 6383880948

SID :

Order Date : 14/09/2023 03:30:04 PM

Collected Date : 14/09/2023 03:56 PM

Report Date : 14/09/2023 06:27:27 PM

Order No : 1000104195

Biochemistry

Investigation Name	Result	Unit	Method	Reference Range

Lakshmi Priya

Validated By

"END OF THE REPORT"
PLEASE CORRELATE CLINICALLY"

R. Cecily Deepika
DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Approved By

PATIENT INFORMATION

Mrs PRIYALATHA M

DOB : 07/11/1996

AGE : 26Y

GENDER : FEMALE

Dr Anusha

UHID # : SKM104767



OP/IP No. : OPV109669

Visit Date : 29/08/2023 11:21

STATUS : Approved

HMS ID : KM230000005673

Outpatient Visit Summary Department of Master Health Checkup

VISIT INFORMATION

Ref : RNTE108105

Type : New

Attended By : **Dr Anusha A S MBBS, MD, PGDFM**

VITALS

Vital	Value
HEIGHT	157.8 cm
WEIGHT	58.9 kg
DMI	23.65 kg/m ²
PULSE RATE	71 beats/min
BLOOD PRESSURE	110/60 mm/Hg
SPO2	98 %

Master Health Checkup

Consultation Notes

Chief Complaints	no specific complaints
Allergy	No
Bowel Habits	Normal
Previous Medical / Surgical History	No significant past history
Family History	No significant family history
Nutritional Status	Thin built
Psychological Status	Normal
Investigation Done	Hb - 11.8, PCV - 37.4, TC - 10,320, RBS - 92 CXR - No significant abnormalities
Provisional Diagnosis	mild anemia, Fit to work
Advice	Iron rich diet

ORDER

N/A

PRESCRIPTION

N/A

Dr. Anusha AS

Dr. ANUSHA AS

MBBS, M.D.(Community Medicine)

Medical Officer - Preventive Health Check

Reg. No: 91312

Page Number: 1 of 2

Kauvery Hospital

No. 2/473, Radial Road, Kovilambakkam, Chennai - 600 129

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E: care.kkm@kauveryhospital.com W: www.kauveryhospital.com

Patient Name	PRIYALATHA M 26Y/F	Patient ID	KM230000005673
Referring Doctor	DR.ANUSHA AS	Date	26-08-2023
Study Description	X-RAY CHEST		

Chest X-Ray PA View

Both lungs appear normal.

Cardio thoracic ratio is within normal limits.

Costophrenic and cardio phrenic angles are free on both sides.

Both domes of diaphragms appear normal.

Visualized bones of thoracic cage appear normal.

Impression:

- **No significant abnormality detected.**
- Kindly correlate clinically and with other investigations.



Dr. M.S. Anand,
Consultant Radiologist.

Pre Employment Health Check Below 40yrs

UHID / MHC : KM230000005673 / OPKM00007562(MHC)	SID :
Patient Name : Mrs. Priyalatha M	Order Date : 26/08/2023 04:28:59 PM
Age / Gender : 26 Years / Female	Collected : 26/08/2023 04:55 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Date :
	Report Date : 26/08/2023 06:53:42 PM
Mobile : 6382050159	Order No : 1000099055



LABORATORY REPORT

Haematology

Investigation Name	Result	Unit	Method	Reference Range
Blood Grouping and Rh Typing				
Blood Grouping and Rh Typing	* A * POSITIVE	-	(Manual Tube / Slide)	
Complete Blood Count (CBC)				
Complete Blood Count (CBC)				
Haemoglobin	11.8	g/dl	(Non cyanide - sodium lauryl sulfate (SLS))	12.0-16.0
Haematocrit	37.4	%	(Direct Current - Sheath flow)	36-46
Total WBC Count	10320	Cells/cumm	(Fluorescent - flow cytometry)	4000-10000
Neutrophil	63.8	%	(VCS Technology)	40-60
Lymphocyte	32.3	%	(VCS Technology)	28-35
Monocyte	2.7	%	(VCS Technology)	2-10
Eosinophil	0.9	%	(VCS Technology)	1-6
Basophil	0.3	%	(VCS Technology)	0-1
Total RBC Count	4.17	10 ⁹ /ML	(Direct Current - Sheath flow)	3.8-4.8
MCV	89.7	fL	(Calculated from RBC & HCT)	83-101
MCH	28.3	pg	(Calculated from HB & RBC)	27-32
MCHC	31.6	%	(Calculated from HB & HCT)	31.5-34.5
Platelet Count	383000	cells/ μ L	(Direct Current - Sheath flow)	150000-450000

UHID / MHC : KM230000005673 / OPKM00007562(MHC)	SID :
Patient Name : Mrs. Priyalatha M	Order Date : 26/08/2023 04:28:59 PM
Age / Gender : 26 Years / Female	Collected Date : 26/08/2023 04:55 PM
Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD	Report Date : 26/08/2023 06:53:42 PM
 Mobile : 6382050169	Order No : 1000099055

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range

Bharathi

Validated By

END OF THE REPORT
PLEASE CORRELATE CLINICALLY


DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112188

Approved By

UHID / MHC : KM230000005673 / OPKM00007562(MHC)
 Patient Name : Mrs. Priyalatha M
 Age / Gender : 25 Years / Female
 Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

SID :
 Order Date : 26/08/2023 04:28:59 PM
 Collected Date : 26/08/2023 04:55 PM
 Report Date : 26/08/2023 06:53:42 PM
 Order No : 1000099055



Mobile : 6382050169

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range
URINE COMPLETE ANALYSIS				
URINE COMPLETE ANALYSIS				
Colour	Pale Yellow	-	(Manual)	Straw to Yellow
Appearance	Slightly Cloudy	-	(Manual)	Clear
pH	5.0	-	(Dipstick / Manual)	5-9
Specific Gravity	1.030	-	(Dipstick)	
Urine Glucose	Negative	-	(Dipstick / Manual)	Negative
Protein	Negative	mg/dL	(Dipstick / Manual)	Negative
Urine Blood	Negative	-	(Dipstick / Manual)	Negative
Urine Ketone	Negative	-	(Dipstick / Manual)	Negative
Bilirubin	Negative	-	(Dipstick / Manual)	Negative
Urobilinogen	Normal	-	(Dipstick / Manual)	
Nitrite	Negative	-	(Dipstick / Manual)	Negative
Pus cells	4 - 6	/HPF	(Microscopy)	
Epithelial cells	6 - 8	/HPF	(Microscopy)	Occasional
RBC	Nil	/HPF	(Microscopy)	Nil
Casts	Nil	/HPF	(Microscopy)	Nil
Crystals	Nil	/HPF	(Microscopy)	

UHID / MHC : KM230000005673 / OPKM00007562(MHC)	SID :
Patient Name : Mrs. Priyalatha M	Order Date : 26/08/2023 04:28:59 PM
Age / Gender : 26 Years / Female	Collected Date : 26/08/2023 04:55 PM
Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD	Report Date : 26/08/2023 06:53:42 PM
Mobile : 6382050169	Order No : 1000099055

Biochemistry

Investigation Name	Result	Unit	Method	Reference Range

Bharathi

Validated By

---END OF THE REPORT---
PLEASE CORRELATE CLINICALLY

R. Cecily Deepika

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Approved By

UHID / MHC : KM230000005673 / OPKM00007562(MHC)	SID :
Patient Name : Mrs. Priyalatha M	Order Date : 26/08/2023 04:28:59 PM
Age / Gender : 26 Years / Female	Collected Date : 26/08/2023 04:55 PM
Referred by : Dr. Anusha AS Dr, MBBS (Medical Services), MD	Report Date : 26/08/2023 08:53:42 PM
Mobile : 6382050169	Order No : 1000099055

Biochemistry

Investigation Name	Result	Unit	Method	Reference Range
Glucose - Random	92	mg/dL	Hexokinase	70-140

R. Cecily Deepika

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Bharathi

Validated By

"END OF THE REPORT"
"PLEASE CORRELATE CLINICALLY"

Approved By

Sample Collected Details

QTA No: 5011000077 - 26/08/2023 04:55 PM

QTA No: 5011000076 - 26/08/2023 04:55 PM

QTA No: 1000099055 - 26/08/2023 04:55 PM

QTA No: 1000099056 - 26/08/2023 04:55 PM

UHID / MHC : KM230000005673 / OPKM00007562(MHC)

Patient Name : Mrs. Priyalatha M

Age / Gender : 27/Years/Female

Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

Order Date : 26/08/2023 04:28 PM

Collected Date : 26/08/2023 04:55 PM

Report Date : 26/08/2023 06:56 PM

Order No : 1000099055



LABORATORY REPORT

Pre Employment Health Check Below 40yrs

Haematology

Investigation Name	Result	Unit	Reference Range
CBC (Complete Blood Count)			
Haemoglobin Method: (Non cyanide - sodium tarryl sulfate (SLS))	11.8	g/dl	12.0-15.0
Hematocrit Method: (Direct Current - Sheath flow)	37.4	%	36-46
Total WBC Count Method: (Fluorescent - flow cytometry)	10320	Cells/cumm	4000-10000
Neutrophil Method: (VCS Technology)	63.8	%	40-80
Lymphocyte Method: (VCS Technology)	32.3	%	28-35
Monocyte Method: (VCS Technology)	2.7	%	2-10
Eosinophil Method: (VCS Technology)	0.9	%	1-5
Basophil Method: (VCS Technology)	0.3	%	0-1
Total RBC Count Method: (Direct Current - Sheath flow)	4.17	10 ⁹ /ML	3.6-4.8
Mean Corpuscular Volume (MCV) Method: (Calculated from RBC & HCT)	89.7	fL	83-101
(MCH) Mean Corpuscular Haemoglobin Method: (Calculated from HB & RBC)	28.3	pg	27-32
(wCHC) Mean Corpuscular Haemoglobin Concentration Method: (Calculated from HB & HCT)	31.6	%	31.5-34.6
Platelet Count Method: (Direct Current - Sheath flow)	383000	cells/μl	150000-450000

Sample Collected Details

EDTA blood (1000159875)

Blood Grouping and Rh Typing

Method: (Manual Tube / Slide)

* A * POSITIVE

Sample Collected Details

EDTA Blood - BG (1000159877)

Bharathi
Validated By

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)

Reg No:112186

Approved By

Emp ID : 123857



PATIENT INFORMATION

Mrs Priyalatha M

DOB : 26/08/1997

AGE : 27Y

GENDER : FEMALE

Dr. Udayakumar B, MBBS , AFIH

UHID # : KM230000005673



OP/IP No. : GPKM00090979

Visit Date : 18/09/2024 13:44

STATUS : Created

HMS ID : KM230000005673

Outpatient Visit Summary Department of General Medicine

VISIT INFORMATION

Type : New

VITALS

Vital	Value
WEIGHT	64.3 kg
SPO2	100 %
PULSE RATE	70 beats/min
BLOOD PRESSURE	110~60 mm/Hg

Master Health Checkup

Consultation Notes

Chief Complaints	came for annual health checkup
Allergy	No
Presenting Complaints	Primi - 6 weeks
Previous Medical / Surgical History	not k/c/o DM, HTN
Gynaec History	LMP - 13/09/24
Ophthalmology Consultation	SIMPLE MYOPIC ASTIGMATISM
Investigation Done	Hb- 12.0
Provisional Diagnosis	Primi - 6 weeks
	FIT FOR EMPLOYMENT

Dr. MADAN .V
Reg. No: 120368

ORDER

N/A

PRESCRIPTION

N/A

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129
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E: care.km@kauveryhospital.com W: www.kauveryhospital.com

17/10/24

NHS - presentation M

274/E

UHD: 05643



OU: no obvious difficulty in vision & hearing.
OU: no other ocular complaints.
GFR: normal.

VN (V/A):

OD: 6/90, NB
OS: 6/120, NB

Refraction:

OD: $+1.00 DS \times 10$ — 6/6, ML
OS: $+1.00 DS \times 120$ — 6/6, NB

Colour - VN

OU: 21/21 plates, S: normal.

Pupil:

OU: ER

IO:

OD: 18
OS: 18 / mmHg @ 4.03 mm

Imp: OU: Simple myopia refractive

S. M. S.
18/10/24

MHC Detail

Bill No	: OPKM240069595	Bill Date	: 18-09-2024
Name	: Mrs. Priyalatha M	OP No	: OPKM00090979
Doctor	: Dr. Dilipakumar B, MBBS, AFH	Age/Sex	: 27 Years / Female
		UHD	: KHZ30000005073
		Payment Type	: Cash

Service Detail

S.No	Service
1	X-Ray - Chest AP
2	CBC (Complete Blood Count)
3	Blood Glucose Random (RBS)
4	URINE COMPLETE ANALYSIS
5	Anti Hbs Antibody

Consultant Detail

S.No	Speciality	Consultant
1	Ophthalmology	Dr. Karanika Desai, S. JCRB



TEST REPORT

Final Laboratory Report

Name : Mrs. PRIYA.P	Sex/Age : Female / 30 Years	PID :
Ref. By : Dr. Udayakumar B, MBBS, AFIH	BRF ID :	Lab ID : 40926180476
Corporate : KALVERY KOVILAMBANKAM		Ref. ID : KM340000018012
Col Dt. Time : 19-Sep-2024 18:50	Recv Dt. Time : 19-Sep-2024 18:50	UHD :
Reg Dt. Time : 19-Sep-2024 18:42	Report Released @ : 20-Sep-2024 07:49	Sample Type : Serum
		Report Printed : 30-Sep-2024 10:08

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Antibody to HBs Ct4a	> 1000.00	mIU/mL	Less than 10 mIU/ml : No Immunity More than 10 mIU/ml : Acquired immunity	

It is used for the quantitative determination of antibody to Hepatitis B surface antigen (anti-HBs) in human serum and plasma. Anti-HBs assays are often used to monitor the success of Hepatitis B vaccination. The presence of anti-HBs has been shown to be important in protection against Hepatitis B virus (HBV) infection. Assays for anti-HBs are also used to monitor the convalescence and recovery of Hepatitis B infected individuals. Based on the World Health Organization recommendation, an Anti-HBs concentration = 10 mIU/mL is regarded as being protective against Hepatitis B viral infection.

Note:

- If the Anti-HBs results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
- For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute, chronic, or recovered infection.

End Of Report

If the test performed on specimen removed or collected from non-NDPL locations, it is possible that the specimen belongs to the patient named or identified as stated on this computerized report and such verification has been carried out at the point generation of the said specimen by the sender. NDPL will be responsible only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Notes: (L=Very Low, L-Low, H=High, H-High, A=Abnormal)

Page 1 of 1

AUTO

Verified by

Vinodini
 Dr K Vinodini
 MBBS, M.D(Micro)



சென்னை மருத்துவ அறிவியல் கழகம்

PATIENT INFORMATION

Mr Sabarinathan R

DOB : 14/08/1986

AGE : 38Y

GENDER : MALE

Dr. Vidya Karpagam K, MBBS , MD ,
PGDFM , C Diab

UHD # : KM230000004847



OP/IP No. : OPKM00093844

Visit Date : 27/09/2024 12:34

STATUS : Approved

HMS ID : KM230000004847

Outpatient Visit Summary Department of General Medicine

VISIT INFORMATION

Ref : RNTT186994

Type : New

Attended By: Dr MHC Consultant

VITALS

Vital	Value
HEIGHT	171 cm
WEIGHT	68.7 kg
BMI	23.49 kg/m2
PULSE RATE	82 beats/min
BLOOD PRESSURE	130-80 mm/Hg
SPO2	99 %

Master Health Checkup

Consultation Notes

Chief Complaints: ANNUAL HEALTH CHECK UP
DEPART COMMUNICATION
NO H/D DM/HTN/HYPOTHYROIDISM

Allergy: No

Presenting Complaints: NIL

Bowel Habits: Normal

Previous Medical / Surgical History: NILMO

Family History: MOTHER- HTN

Nutritional Status: Moderate Ixult

Psychological Status: Normal

Ophthalmology Consultation: EMMETROPIA

Investigation Done: HB- 15G/DL, RBS- 108MG/DL,
CHEST X RAY- NO SIGNIFICANT ABNORMALITY DETECTED,
BP- 130/100MMHG

Provisional Diagnosis: FIT FOR EMPLOYMENT

Diet and Exercise Prescribed

REGULAR EXERCISE
REDUCE SALT IN DIET

ORDER

N/A

PRESCRIPTION

N/A

Dr. Tampi S
Reg. No: 112808

Dr MHC Consultant

Patient Name	SABARINATHAN R 38Y/M	Patient ID	KM230000004847
Referring Doctor	DR. VIDYA KARPAGAM	Date	10-10-2024
Study Description	X-RAY CHEST PA VIEW		

CHEST XRAY PA VIEW

Positional rotation noted.

Both Lungs appear normal.

Cardio thoracic ratio is within normal limits.

Costo phrenic and cardio phrenic angles are free on both sides.

Both domes of diaphragms appear normal.

Visualized bones of thoracic cage appear normal.

IMPRESSION:

- No significant abnormality detected.
- Kindly correlate clinically and with other investigations.



Dr. M. Prabakaran
Radiology Registrar.

21/10/24



MASTER HEALTH CHECKUP

EYE EXAMINATION

NAME: Mr. Sabarimohan R
AGE: 55 Y/M

UHID: 6617

HISTORY:

OU: no clw. difficulty in DMV & near
OU: no other ocular complaint.

GH: Normal

VISION (U/A):

OD: 6/6, N6
OS: 6/6, N6

REFRACTION:

OD: + — 6/6, N6
OS: + — 6/6, N6
ADD: —

COLOUR VN:

OD: 21/21 plate OU: Normal
OS: 21/21 plate

PUPIL:

OD: 2 RTL, NO RAPD
OS: 2 RTL, NO RAPD

NCT (IOP):

OD: 14 mmHg @ 3-4 PM
OS: 17 mmHg @ 3-4 PM

IMPRESSION:

OU: Emmetropia

S. Ali Uf
MD

Kauvery Hospital

No. 2/473, Radial Road, Near Eachampattu Junction, Chennai - 600 129

T: 044 6111 6111 | ☎: +91 94911 94977 | E: 044 4050 4050

E: care.krr@kauveryhospital.com W: www.kauveryhospital.com

UHID / MHC : KM230000004847 / OPKM00093844(MHC)

Patient Name : Mr. Sabarinathan R

Age / Gender : 38/Years/Male

Referred by : Dr. Vidya Karpagam K. MBBS, MD, PGDFM, C Diab



Order Date : 27/09/2024 12:34 PM

Collected Date : 27/09/2024 12:42 PM

Report Date : 27/09/2024 03:36 PM

Order No : 10089693

Clinical Chemistry

Investigation Name	Result	Unit	Reference Range
Blood Glucose Random (RBS) Method: Colorimetric - Glucose Oxidase peroxidase	108	mg/dL	70-140
Sample Collected Details Fluoride Plasma-R 71300057614			

Muruganantham
Validated By

Femela M.

DR. FEMELA M. MD, DNB, MNAMS, DIPRC PATH
Reg No 77589
Approved By

UHID / MHC : KM230000004847 / OPKM00093844(MHC)

Patient Name : Mr. Sabarinathan R

Age / Gender : 38/Years/Male

Referred by : Dr. Vidya Karpagam K, MBBS, MD, PGDFM, C Diab

Order Date : 27/09/2024 12:34 PM

Collected Date : 27/09/2024 03:27 PM

Report Date : 28/09/2024 09:48 AM

Order No : 10080693



Kanmani Arimal
Validated By


DR. FEMELA M, MD, DNB, MNAMS, DIPRCPATH
Reg No.77589
Approved By

UHID / MHC : KM230000004847 / OPKM00093844(MHC)

Patient Name : Mr. Sabarinathan R

Age / Gender : 36/Years/Male

Referred by : Dr. Vidya Karpagam K, MBBS, MD, PGDFM, C Diab

Order Date : 27/09/2024 12:34 PM

Collected Date : 27/09/2024 12:42 PM

Report Date : 27/09/2024 03:36 PM

Order No : 10089693



LABORATORY REPORT

Annual Health Check Non Clinical Below 40

Haematology

Investigation Name	Result	Unit	Reference Range
CBC (Complete Blood Count)			
Complete Blood Count (CBC)			
Haemoglobin Method: (Nori cyanide - sodium lauryl sulfate (SLS))	15.0	g/dl	13.0-17.0
Haematocrit Method: Cumulative pulse height detection method	45.0	%	40.0-50.0
Total RBC Count Method: Hydrodynamic focusing DC	4.79	mill/cumm	4.5-5.5
Mean Corpuscular Volume (MCV) Method: Calculation	93.9	fL	83-101
(MCH) Mean Corpuscular Haemoglobin Method: Calculation	31.3	pg/cell	27-32
(MCHC) Mean Corpuscular Haemoglobin Method: Calculation	33.3	g/dl	31.5-34.5
Red Cell Distribution (RDW - CV) Method: Calculation	13.4	%	11.5-14
Total WBC Count Method: Flow Cytometry	7910	Cells/cumm	4000-11000
Neutrophil Method: Fluorescence flow cytometry	69.2	%	40-80
Lymphocyte Method: Fluorescence flow cytometry	24.4	%	20-40
Monocyte Method: Fluorescence flow cytometry	5.1	%	2-10
Eosinophil Method: Fluorescence flow cytometry	0.8	%	1-5
Basophil Method: Fluorescence flow cytometry	0.5	%	1-1.9
Absolute Neutrophil Count (ANC) Method: Calculation	5480	Cells/cumm	2000-7000
Absolute Lymphocyte Count (ALC) Method: Calculation	1930	Cells/cumm	1000-3000
Absolute Monocyte Count (AMC) Method: Calculation	400	Cells/cumm	200-1000
Absolute Eosinophil Count (AEC) Method: Calculation	60	Cells/cumm	20-600
Absolute Basophil Count (ABC) Method: Calculation	40	Cells/cumm	0-100
Platelet Count Method: Hydrodynamic focusing DC	239000	cells/uL	150000-410000

Sample Collected Details:
EDTA blood / 100087616

Printed On: 12-OCT-2024 12:16:18 PM Printed By: Sabarinathan

---END OF THE REPORT---
PLEASE CORRELATE CLINICALLY

Page 1/4

Kauvery Hospital

No. 2/473, Radial Road, Near Eachangadu Junction, Chennai - 600 129

T: 044 6111 6111 | G: +91 94911 94977 | Emergency: 044 4050 4050

E: care.km@kauveryhospital.com W: www.kauveryhospital.com

UHID / MHC : KM230000004847 / OPKM00093844(MHC)

Patient Name : Mr. Sabarinathan R

Age / Gender : 38/Years/Male

Referred by : Dr. Vidya Karpagam K, MBBS, MD, PGDFM, C Diab

Order Date : 27/09/2024 12:34 PM

Collected Date : 27/09/2024 12:42 PM

Report Date : 27/09/2024 03:38 PM

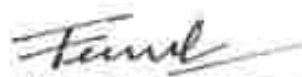
Order No : 10089693



Clinical Pathology

Investigation Name	Result	Unit	Reference Range
URINE COMPLETE ANALYSIS			
URINE COMPLETE ANALYSIS			
Colour Method: (Manual)	Yellow	-	Straw to Yellow
Appearance Method: (Manual)	Clear	-	Clear
pH Method: Bromthymol blue-methyl red indicator	5.5	-	5-8
Urine Specific Gravity Method: Bromthymol indicator	1.035	-	1.003 - 1.030
Urine Sugar Method: Glucose oxidase-peroxidase-chromogen reaction	Negative	-	Negative
Urine Protein Method: Tetra-bromophenol blue indicator dye	Negative	-	Negative
Urine Blood Method: Hydroperoxide-chromogen reaction	Negative	-	Negative
Urine Ketone Method: Legal's test	Negative	-	Negative
Bilirubin Method: (Diazonium Salt)	Negative	-	Negative
Urobilinogen Method: (Diazonium Salt)	Normal	-	Normal
Urine Nitrite Method: Griess reaction	Negative	-	Negative
Pus cells Method: (Microscopy)	2-3	/HPF	0-4
Epithelial cells Method: (Microscopy)	1-2	/HPF	Occasional
RBC Method: (Microscopy)	Nil	/HPF	0-2
Casts Method: (Microscopy)	Nil	/HPF	NIL
Crystals Method: (Microscopy)	Nil	/HPF	NIL
Sample Collected Details: Urine : R100067616			

Muralidharan
Validated By


DR. FEMELA M. MD, DNB, MNAMS, DIPRC PATH
Reg No. 77589
Approved By

123607
-tall

PATIENT INFORMATION

Mr SABARINATHAN R

Dr Anusha

OP/P No. : OPV107959

DOB : 27/01/1986

UHID # : SKM104033

Visit Date : 17/08/2023 08:42

AGE : 37Y



STATUS : Approved

GENDER : MALE

HMS ID : KM230000004847

Outpatient Visit Summary
Department of Master Health Checkup

VISIT INFORMATION

Ref : RNTE106822

Type : New

Attended By : **Dr Anusha A S MBBS, MD, PGDFM**

VITALS

Vital	Value
HEIGHT	172.8 cm
WEIGHT	69.9 kg
BMI	23.41 kg/m ²
PULSE RATE	87 beats/min
BLOOD PRESSURE	150-90 mm/Hg
SPO2	99 %

Master Health Checkup

Consultation Notes

Chief Complaints	c/o headache on and off
Allergy	No
Cardiovascular System	High Blood Pressure - 150/90mmhg
Bowel Habits	Normal
Previous Medical / Surgical History	no significant past history
Family History	Mother hypertensive recently
Nutritional Status	Moderate built
Psychological Status	Normal
Investigation Done	CKR - no significant abnormality Hb - 15, RBS - 119
Provisional Diagnosis	salt restricted diet, monitor BP Fit to work

ORDER

N/A

PRESCRIPTION

N/A

Dr. Anusha AS

Dr. ANUSHA AS
MBBS, M.D.(Community Medicine)
Medical Officer - Preventive Health Check
Reg. No: 91812

Page Number: 1 of 2

Kauvery Hospital

No. 2/473, Radial Road, Kovilambakkam, Chennai - 600 129
T: 044 6111 6111, E: +91 94911 94977 | E: 044 4050 4050
E: care.kkm@kauveryhospital.com W: www.kauveryhospital.com

Patient Name: Mr. Sabarinathan R	UHID: KM230000004847	Referring Dr: Dr. Anusha
Investigation: X-Ray Chest	Age/Sex: 37 yrs/M	Date: 14.08.2023

Chest X-Ray PA View

Bilateral lung fields are clear.

Bilateral hilar and cardiac shadows appear normal.

Costo phrenic and cardio phrenic angles are free on both sides.

Cardio thoracic ratio is within normal limits.

Both domes of diaphragms appear normal.

Visualized bones of thoracic cage appear normal.

Impression:

- No significant abnormality.



Dr. Meena Nedunchelian
Consultant Radiology

Pre Employment Health Check Below 40yrs

UHID / MHC : KM230000004847 / OPKM00006311(MHC)	SID :
Patient Name : Mr. Sabarinathan R	Order Date : 14/08/2023 03:31:59 PM
Age / Gender : 37 Years / Male	Collected : 14/08/2023 04:16 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Date :
	Report Date : 15/08/2023 06:09:26 AM
Mobile : 6381543885	Order No : 1000096451

LABORATORY REPORT

Haematology

Investigation Name	Result	Unit	Method	Reference Range
Blood Grouping and Rh Typing				
Blood Grouping and Rh Typing	" B " POSITIVE	-	(Manual Tube / Slide)	
Complete Blood Count (CBC)				
Complete Blood Count (CBC)				
Haemoglobin	15.0	g/dl	(Non cyanide - sodium lauryl sulfate (SL5))	13.0-17.0
Haematocrit	47.2	%	(Direct Current - Sheath flow)	40.0-50.0
Total WBC Count	6680	Cells/cumm	(Fluorescent - flow cytometry)	4000-10000
Neutrophil	69.0	%	(VCS Technology)	40-80
Lymphocyte	26.6	%	(VCS Technology)	20-40
Monocyte	3.3	%	(VCS Technology)	2-10
Eosinophil	0.6	%	(VCS Technology)	1-6
Basophil	0.5	%	(VCS Technology)	0-1
Total RBC Count	5.04	mill/cumm	(Direct Current - Sheath flow)	4.5-5.5
MCV	93.7	fL	(Calculated from RBC & HCT)	83-101
MCH	29.6	pg	(Calculated from HB & RBC)	27-32
MCHC	31.8	%	(Calculated from HB & HCT)	31.5-34.5
Platelet Count	231000	cells/ μ l	(Direct Current - Sheath flow)	150000-450000

UHID / MHC : KM230000004847 / OPKM00006311(MHC)	SID :
Patient Name : Mr. Sabarinathan R	Order Date : 14/08/2023 03:31:59 PM
Age / Gender : 37 Years / Male	Collected Date : 14/08/2023 04:16 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Report Date : 15/08/2023 06:09:26 AM
 Mobile : 6381543885	Order No : 1000096451

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range

Sumithra K.

Validated By

END OF THE REPORT
"PLEASE CORRELATE CLINICALLY"

R. Cecily Deepika

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Approved By

UHID / MHC : KM230000004847 / OPKM00006311(MHC)

SID :

Patient Name : Mr. Sabarinathan R

Order Date : 14/08/2023 03:31:59 PM

Age / Gender : 37 Years / Male

Collected : 14/08/2023 04:16 PM

Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD

Date :

Report Date : 15/08/2023 06:09:26 AM



Mobile : 6381543885

Order No : 1000096451

Clinical Pathology

Investigation Name	Result	Unit	Method	Reference Range
URINE COMPLETE ANALYSIS				
URINE COMPLETE ANALYSIS				
Colour	Yellow	-	(Manual)	Straw to Yellow
Appearance	Clear	-	(Manual)	Clear
pH	5.0	-	(Dipstick / Manual)	5-9
Specific Gravity	1.025	-	(Dipstick)	
Urine Glucose	Negative	-	(Dipstick / Manual)	Negative
Protein	Negative	mg/dL	(Dipstick / Manual)	Negative
Urine Blood	Negative	-	(Dipstick / Manual)	Negative
Urine Ketone	Negative	-	(Dipstick / Manual)	Negative
Bilirubin	Negative	-	(Dipstick / Manual)	Negative
Urobilinogen	Normal	-	(Dipstick / Manual)	
Nitrite	Negative	-	(Dipstick / Manual)	Negative
Pus cells	1-2	/HPF	(Microscopy)	
Epithelial cells	2-3	/HPF	(Microscopy)	Occasional
RBC	Nil	/HPF	(Microscopy)	Nil
Casts	Nil	/HPF	(Microscopy)	Nil
Crystals	Nil	/HPF	(Microscopy)	

UHID / MHC : KM230000004847 / OPKM00006311(MHC)	SID :
Patient Name : Mr. Sabarinathan R	Order Date : 14/08/2023 03:31:59 PM
Age / Gender : 37 Years / Male	Collected : 14/08/2023 04:16 PM
Referred by : Dr. Anusha AS Dr. MBBS (Medical Services), MD	Date
	Report Date : 15/08/2023 06:09:26 AM
Mobile : 6381543885	Order No : 1000096451

Biochemistry

Investigation Name	Result	Unit	Method	Reference Range

Sumithra K

Validated By

END OF THE REPORT
PLEASE CORRELATE CLINICALLY

R. Cecily Deepika

DR. R. CECILY DEEPIKA, MBBS, MD (PATHOLOGY)
Reg No:112186

Approved By

Kauvery Hospital

Radial Road

No.2/473, Radial Road, Kovilambakkam, Chennai - 600 129



Receipt

Bill No	: OPBKM230012162	Bill Date	: 14-08-2023
Name	: Mr.Sobarinathan R	OP No.	: OPBKM000006311
Doctor	: Dr. Anusha AS Dr. MBBS (Medical Services), MD	Age/Sex	: 37 Years / Male
		UHID	: KM230000004847
		Payment Type	: Cash

S.No	Service Group	Service	Rate	Amount
1	Package	Pre Employment Health Check Below 40yrs	600.00	0.00
Bill Amount		600.00	Round off	0.00
		Net Amount		0.00
		Total Discount	600.00	Paid Amount
				0.00

Remarks :
pre employee hhc

Zero Only

Bill Printed on 14-08-2023 15:32:11 P.M., Created on 14-08-2023 15:31:57 P.M.

|| - P - || W

Authorized Signatory

Meena

