

Finance & Accounts

Fees Collection System:

Students Admission Management System (SAMS)

MASTER ENTRIES STUDENT INFORMATION FEES COLLECTION REPORTS UTILITY QUIT FROM APPLICATION

Students Admission

Man

Developed New

Tuition Fees Entry Form

New Student Existing Student

Pin No.

Receipt No. Admission Type Enrollment no/ Id No

Star Name First Name Middle Name

Branch Year II # 2 Sex Adm. Type

Fees Category Admission Date Admission Center Caste IRREGULAR

Receipt Type Payment Type Receipt Date

Date DD. No.

Bank Name

City Amount

SAVE CANCEL EXIT

lenovo

TDSPro Home

Search By: (NONE) Criteria: Search

MGM NEW BOMBAY COLLEGE OF NURSING

MGM NEW BOMBAY COLLEGE OF NURSING

A.Y: 2019-2020 Assesse Class: Active

Category: ALL Grid Color Selection: None

Select	Edit	Deductor Name	Group Name	Ward	PAN	Last Return	Status	E-Mail
<input type="checkbox"/>	<input type="checkbox"/>	MGM NEW BOMBAY COLLEGE OF NURSING	MGM NEW BOMBAY CO...		A/ACTM0014C	2018-2019	08.Association of perso	

Note: Double click deductor/employer name to see deductee/employee list

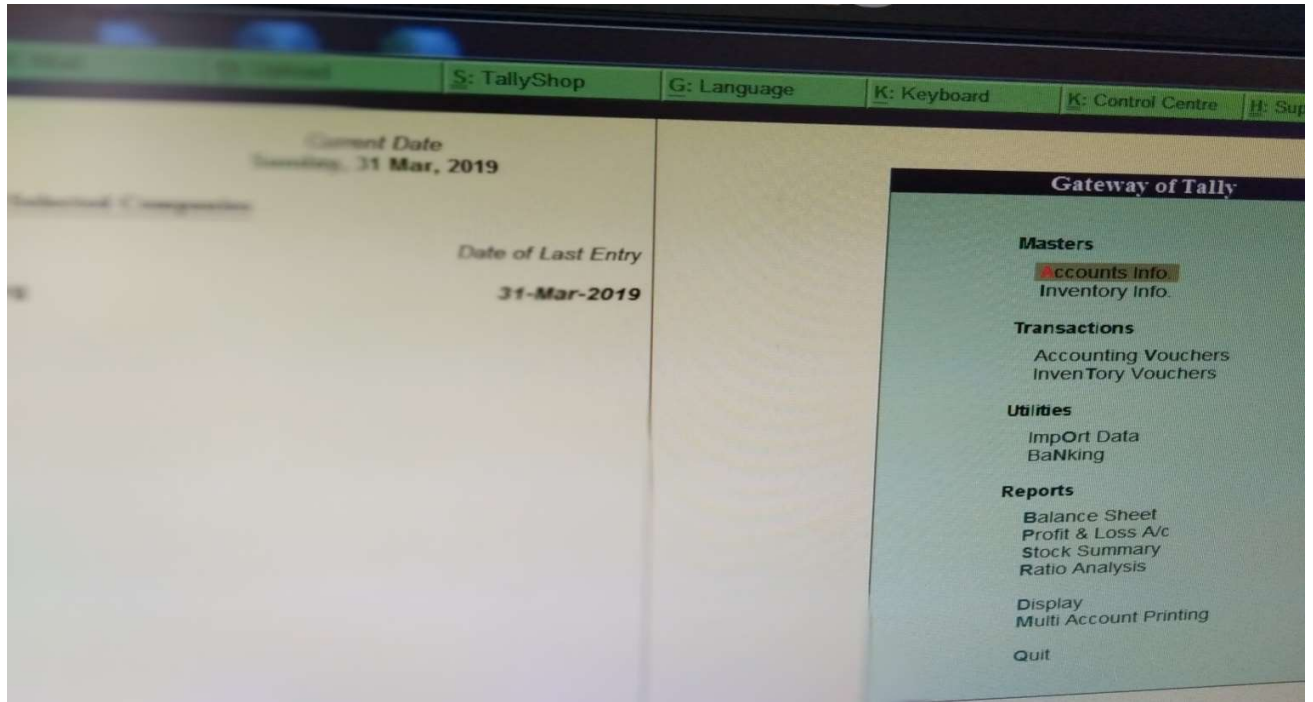


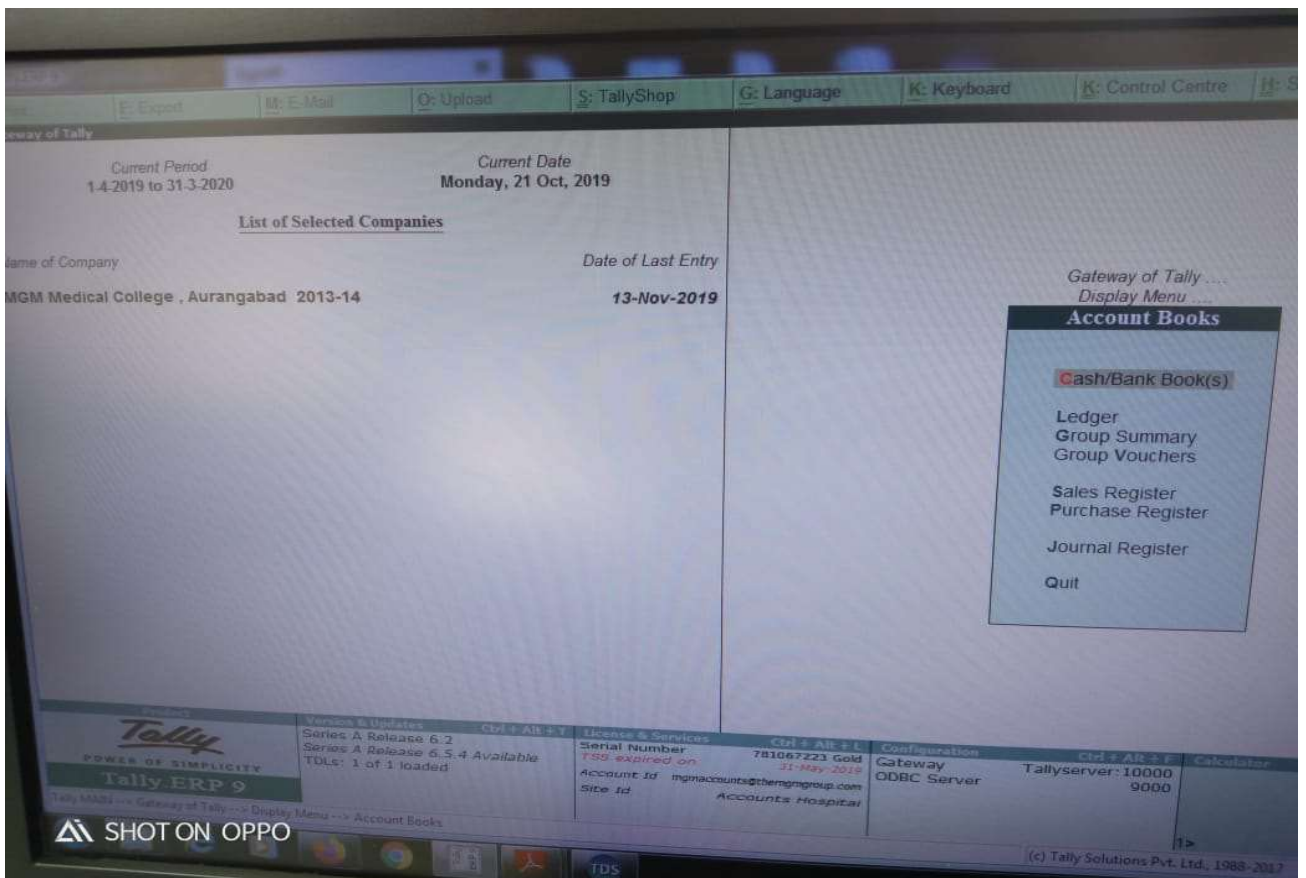
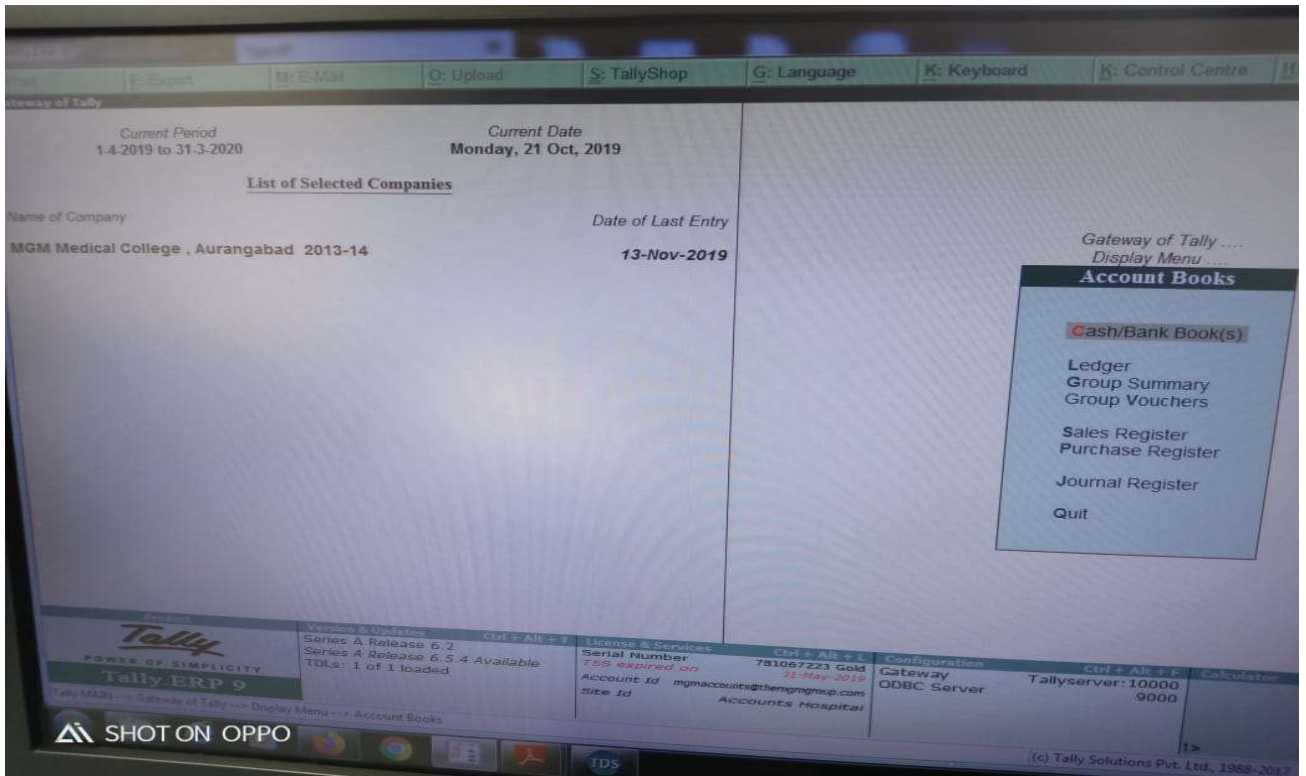
Date: 24-Mar-2019

e-Receipt for State Bank Collect Payment

SBCollect Reference Number	DUB0754743
Category	B.Sc Nursing
Year	2nd year
Last Name	Patil
First Name	Aishwarya
Middle Name	Manesh
Mobile No	9923614969
DOB	31/3/2019
Mess Fee	3000
Transaction charge	30.09
Total Amount (In Figures)	3,000.00
Total Amount (In Words)	Rupees Three Thousand Only
Remarks	March
Notification 1	Tution Fee applicable only for 2nd year,3rd year and 4th year student
Notification 2	Registration Fee,Eligibility Fee,Lab and Library Deposit applicable only for 1st year student

Tally:







No. MGMIIT2103160

17/02/2022 12:00:10

Indent From MALE SURGERY WARD

Indent On

Main Store

Indent Type AS REQUIRED

Required Date

17/02/2022 12:00:10

Items

Sr.	Material Name	UOM	Qty	Priority	Required Date	Remarks	Pending Qty	Self Stock Qty	ITEMMINQTY	ITEI
1	INTAKE OUTPUT CHART HOSP	PAD	4.000				30.000	9.000	0.00	
2	MICROBIOLOGY CULTURE REQUISITION HOSP INDOO...	PAD	2.000				1.000	0.000	0.00	
3	NUTRITIONAL ASSESSMENT FORM PAEDIATRIC A-4	NOS	2.000				0.000	0.000	0.00	
4	FEED BACK FORM INDOOR HOSP	PAD	1.000				6.000	2.000	0.00	
5	CONTINUATION SHEET HOSP	PAD	5.000				61.000	17.000	0.00	
6	CHECK LIST FOR PREVENTION OF SSI (FM/MGM/HIC-02)	PAD	1.000				8.000	1.000	0.00	
7	PRE OPERATIVE CHECK LIST HOSP	PAD	2.000				3.000	0.000	0.00	
8	GLUCOSE STRIPS WITH LANCET 1PKT X100 STRIPS M...	PKT	3.000				307.000	6.000	0.00	
9	INFORMED CONSENT FOR PROCEDURE NABH SIZE A-4	PAD	2.000				2.000	0.000	0.00	
10	BOOK ISSUE SLIP MEDICINE HOSP	BOK	1.000				5.000	5.000	0.00	
11	BOOK DUPLICATE NO.2 SHIVAM	NOS	2.000				0.000	1.000	0.00	
12	REGISTER EMERGENCY DRUG HOSP	NOS	1.000				0.000	0.000	0.00	
13	PATIENT HAND OVER RECORD PAD	PAD	4.000				30.000	1.000	0.00	

Change Details

Available Stock

Pending Indents

Remarks

Location: MALE SURGERY WARD
 Department: HOSP MALE SURGERY WARD

Barcode Number:
Expired Items

Items

Sr.	Material	UOM	Issued Qty	Batch	Expiry Date	Identity	Cost Rate	Sale Rate	Cost Value	Stock Qty
1	STICKER BIOMEDICAL WEST(BMW)	NOS	20.000				0.24000	0.00000	4.80	290.000
2	CAN WHITE 2 LTR	NOS	1.000				20.18000	0.00000	20.18	3.000
3	THERMAL TRANSFER RIBBON 55MMx74MTR WAX RESIN 1/2...	NOS	1.000				70.80000	0.00000	70.80	3.000
4	PATIENT IDENTIFICATION BAND WITH PRINTING ADULT PP (...)	NOS	30.000				4.13000	0.00000	123.90	130.000
5	IN PATIENT CASE SHEET SURGERY	NOS	200.000				2.36000	0.00000	472.00	500.000
6	OPERATION THEATER LIST HOSP	PAD	3.000				100.30000	0.00000	300.90	3.000
7	OPERATIVE DRUG LIST PAD HOSP	PAD	2.000				100.30000	0.00000	200.60	3.000
8	OPERATIVE NOTES FORM PAD HOSP SIZE A-4	NOS	1.000				106.20000	0.00000	106.20	2.000
9	CYTOLOGY REQUISITION FORM	PAD	1.000				100.30000	0.00000	100.30	2.000
10	PATIENT HAND OVER RECORD PAD	PAD	1.000				62.54000	0.00000	62.54	1.000
11	PAPER BAG WHITE COLOUR SIZE-21"X 9" REF.NO.512	NOS	200.000				0.67000	0.00000	134.00	300.000
12			0.000				0.00000	0.00000	0.00	0.000

Available Stock
 Bin No.

Remarks

Gate Pass Out

No. **MGMGPO210000341** | 16/02/2022 13:04:51

Type	Non Returnable	Location	ORTHOPAEDIC IMPLANTS STORE
Supplier	J.D.ENTERPRISES	Transport	BY HAND
Reason		Department Name	IMPLANT ORTHO STORE
DC Number	1217,1220,1212,1219	Received By	MR.CHETAN
Invoice Number		Mobile Number	
Inward Number	3694,3697,3632,3692		
Remarks	IMPLANT SET RETURN TO SUPPLIERS		

Sr.	Item Code	Item Description	UOM	Qty	Return Date	Remarks
1		TKR IMPLANT & INSTRUMENT SET	SET	4.00		
2		ILLIAC SCREW	SET	1.00		
3				0.00		

Purchase Requisition fro Location

No. **MGMPRS2100550** | 11/02/2022 16:43:03Location **HOSP REGISTRATION DEPARTMENT**Requisition On **PURCHASE**Requisition Type **AS REQUIRED**Required Date **11/02/2022 16:43:03**

Items

Sr.	Material Name	UOM	Qty	Priority	Required Date	Remarks	Stock Qty	Pending Req Qty	Pending Po Qty
=			=		=		=	=	=
1	CASH RECEIPT HOSPITAL (PLAIN SIZE 1/8)	RIM	100.000				0.000	795.000	30.000
2	XEROX PAPER SIZE A-4 1X500 NOS MAKE B2B	NOS	50.000				0.000	630.000	1,430.000
3	VISITOR PASS	NOS	10,000.000				0.000	10,000.000	0.000
4	STAPLER PIN PKT 10 NO KANGARO	PKT	60.000				0.000	300.000	150.000
5	FILE BOX FULL SIZE WITH NAME	NOS	30.000				0.000	204.000	704.000
6	RUBBER BAND NYLON 1X500 GRM	PKT	6.000				0.000	82.000	7.000
7	BOOK RECEIPT BOOK BLOOD BANK	NOS	50.000				0.000	90.000	0.000
8	MOU CONSENT FOR MJPJAY ASMISSIONS (FM/MGM/PRE-...	PAD	50.000				0.000	0.000	80.000
9	VOUCHER PAPER COLOUR GREEN	RIM	7.000				0.000	16.000	0.000
10	STAPLER 10 NO. KANGARO HD-10D	NOS	10.000				11.000	21.000	10.000
11			0.000				0.000	0.000	0.000

Item Schedule

Available Stock

Pending Indents

Pending Requisition

Remarks