

INDIAN MEDICAL ASSOCIATION GOES ECOFRIENDLY


Administrative office, IMA State Headquarters, Anayara P.O., Thiruvananthapuram – 695029

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IT PAN:AAAIA1681A TIN: 32090603973 Dtd:02.01.2010 CST NO: 32090603973 C

GSTIN : 32AAAIA1681A1ZE Commissionerate: Thiruvananthapuram Range Code: 03 Division Code: 08

Tax Invoice

Aff. No.	Bill No	Bill Date	Due Date	Stoppage Date						
EKM.1682	10OC25-26/154825	01-11-2025	10-11-2025	30-11-2025						
To, Dr. Saji George Kribs-Bionest, BTIC Building,Kalamessary, Kinfra Hi-tech Park Kerala, India, Pin: 683503 Mob No: 9920438594, pradiptatokdar@rgcb.res.in, GSTIN : 32AAFAK0579A1Z4										
IRN : a999fc88a5ead45fd60d01b6803a60ec6f6a3b571bc91029d6fa201d071c2ced										
Ack No		Ack Date		Supply Type code	Place of Supply					
152523587815978		04-11-2025 10:37:00		B2B	KERALA					
IGST applicable despite Supplier and Recipient located In same State: No										
SI No.	Particulars	No of Beds	No. of Days	Amount	Discount Value	Taxable Amount	Tax(%)	Tax value	Total (Rs)	
1	Operational cost for biomedical waste collection for October 2025 (HSN: 999432)	0	31	860.00	0.00	860.00	5.00	43.00	903.00	
	Sub Total			860.00	0.00	860.00		43.00	903.00	
	Tax Amount	SGST- 2.5%	21.50							
		CGST- 2.5%	21.50							
								Round	0.00	
Rupees - Nine Hundred and Three Only									Total	903.00

Accounts Statement as on : 01-11-2025

	Rs	Ps
Current bill amount	903	00
Pending Balance	0	00
Total Amount Due	903	00

Secretary IMAGE IMA KSB
Computer Generated. Signature Not Required

Instructions for Payment

Modes of Payment

You can select any of the following modes of payment :-

- Remittance through any branch of **south indian bank** using the prescribed detachable Challan at the bottom of the Bill. Challan marked IMAGE Copy of may be handed over to the Collection Agent /mailed directly to IMAGE office.

This is the most preferred method of payment.

- DD from any bank in favour of IMAGE payable at Thiruvananthapuram. Fill the reverse side of the Challan marked IMAGE Copy and despatch along with DD through Collection Agent/directly IMAGE office.
- Payment gateway facility provided through the website of IMAGE - www.imageima.org.
 Step 1: **Log into Customer Login using your Username and Password.**
 Step 2: Select the Invoice to be paid and click tab **pay**
 Step 3: **Confirm Payment**
 Step 4: Choose payment method:-
 (i) **Credit Card** (ii) **Debit Card** (iii) **Net Banking.**

[Cheques / Multicity Cheques / At par Cheques are not accepted]

Advance Payment

Advance payment for six months or one year will be accepted

TDS

TDS if deducted should be noted in the column assigned on the reverse of the Challan.

Form 16 A downloaded from TRACES should be sent to IMAGE quarterly.

Form 16 A for last quarter should reach IMAGE office on or before 31st May every year.

Acknowledgement Number should be mentioned in the form 16 A.

Otherwise TDS deducted will be treated as payment due to IMAGE and will be charged in the next bill.

Fine

Pay by date of the bill is 10th of every month. In case HCI fails to pay the Operational Cost within the last day of every English calendar months(30 days after the bill date), IMAGE will be entitled to recover it with fine@ Rs.100 for bills upto Rs.1000, Rs.500 for bills between Rs.1001 and Rs.10000 and Rs 1000 for bills above Rs 10000. In the case of Government

HCI , IMAGE will be entitled to recover it with interest @185 p.a.

Termination of Service

Service will be terminated if payment is not made within 60 days of bill date without further notice.

Service will be resumed only after the clearance of all dues and payment of the Restarting Fee of Rs.1000. or 10% of the defaulted amount which ever is higher.

Bank Copy

IMAGE Copy

Remitter Copy

Instructions to Bank : Please ensure that correct AFFILIATION NUMBER* is entered in the particular screen without fail.



Branch: Date:

Paid in to the credit of **IMAGE**

Account No.
0236073000050584

Trivandrum Chackai, Br Code: 0236,
IFSC-SIBL0000236

Affiliation Number : EKM.1682

Name : Kribs-Bionest

Particulars	Rs.	Ps.
Cash		
Cheque No. South Indian Bank Only		

Amount in Words

Remitter's Name:

Phone No:

Phone No:

Signature of Remitter:

For Bank Use

Cashier Authorised Signatory

Instructions to Bank : Please ensure that correct AFFILIATION NUMBER* is entered in the particular screen without fail.



Branch: Date:

Paid in to the credit of **IMAGE**

Account No.
0236073000050584

Trivandrum Chackai, Br Code: 0236,
IFSC-SIBL0000236

Affiliation Number : EKM.1682

Name : Kribs-Bionest

Particulars	Rs.	Ps.
Cash		
Cheque No. South Indian Bank Only		

Amount in Words

Remitter's Name:

Phone No:

Phone No:

Signature of Remitter:

For Bank Use

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Branch: Date:

Paid in to the credit of **IMAGE**

Account No.
0236073000050584

Trivandrum Chackai, Br Code: 0236,
IFSC-SIBL0000236

Affiliation Number : EKM.1682

Name : Kribs-Bionest

Particulars	Rs.	Ps.
Cash		
Cheque No. South Indian Bank Only		

Amount in Words

Remitter's Name:

Phone No:

Phone No:

Signature of Remitter:

For Bank Use

Cashier Authorised Signatory

SIB Mobile Banking



Next Generation is Getting Ready



