

# M/S JAGANNATH ENTERPRISE

GSTIN 19ATGPJ3421R1Z8

32/1 14  
NEW CORD ROAD,, MULAJORE NUTUN PARA, ATHPUR,  
North Twenty Four Parganas, WEST BENGAL, 743128  
Mobile +91 8697739690 Email info.jagannathenterprise@gmail.com

Invoice #: JE/24-25/-15

Invoice Date: 04 May 2024

Due Date: 04 May 2024

**Customer Details:**

Travel Food Services Private Limited  
GSTIN: 21AADCB2762L1ZU

**Billing address:**

New Domestic Terminal Building  
Biju Patnaik International Airport, Odisha  
Khordha, ODISHA, 751020

**Shipping address:**

Travel Food Services Private Limited  
New Domestic Terminal Building  
Biju Patnaik International Airport, Odisha  
Bhubaneswar, ODISHA, 751020

Place of Supply:  
21-ODISHA

Reference: TFSPL/MAY/04/01/23-26

#	Item	Rate / Item	Qty	Taxable Value	Tax Amount	Amount
1	DRAIN FLOOR TRAP BOX CLEANING SAC: 9987 THIS RATE MONTHLY 2 TIME	361.00 380.00 (-5%)	18	6,498.00	1,169.64 (18%)	7,667.64
2	DRAIN SS CHAMBER CLEANING SAC: 9987 THIS RATE MONTHLY 2 TIME	1,211.25 1,275.00 (-5%)	6 NOS	7,267.50	1,308.15 (18%)	8,575.65
3	SS Grease tap box Cleaning (newly added) SAC: 9987 THIS RATE MONTHLY 2 TIME	1,900.00 2,000.00 (-5%)	2 NOS	3,800.00	684.00 (18%)	4,484.00

Taxable Amount ₹17,565.50  
IGST 18.0% ₹3,161.79  
Round Off -0.29

**Total ₹20,727.00**

Total Discount ₹1,090.91

Total Items / Qty : 3 / 26.000

Total amount (in words): INR Twenty Thousand Seven Hundred And Twenty-Seven Rupees Only.

**Amount Payable: ₹20,727.00**

**Bank Details:**

Bank: CANARA BANK  
Account #: 97073070002972  
IFSC: CNRB0019707  
Branch: SHYAMNAGAR

For M/S JAGANNATH ENTERPRISE



Authorized Signatory

**Notes:**

None

**Terms and Conditions:**

- 1) THIS WORK MONTH 2 TIME ONLY CLEANING DRAINAGE AREA.
- 2) INTEREST @ 24% PER ANNUM WILL BE CHARGED IF PAYMENT NOT MAKE WITHIN 30 DAYS FROM BILL DATE.
- 3) PAYMENT SHOULD BE MADE BY A/C PAYEE CHEQUE/ONLINE TRANSFER
- 4) ALL SUBJECT TO BARRACKPORE JURISDICTION.

*Handwritten signatures and date: 10/5/24*

# JAGANNATH ENTERPRISE

Manufacturing & Servicing of all type of Kitchen, refrigeration and bakery equipment

32/1/14, ATHPUR MULAJOORE NATUN PARA, NEW CHORD ROAD, AUTHPUR,

PIN-743128, NORTH 24 PARGANAS, WEST BENGAL

Sl. No. 96

Mobile No. : 8697739690

E-mail : info.jagannathenterprise@gmail.com

GSTIN : 19ATGPJ3421R1Z8

## CALL ATTENDING REPORT

Date: 28.4.24

APRIL - 2024

Travel Food Services Pvt. Ltd. (Bhubeneswar)

For the month of.....

CLIENT NAME..... New Domestic Terminal Building (TI), Biju Patnaik International Airport, Bhubeneswar, Odisha-751020

SL. NO.	NATURE OF WORK	QNTY.	SIGN. OF CHIEF	SIGN. OF KST.	SIGN. OF ENGG. DEPT.
1.	S. S. Hood Service / Clean				
2.	S. S. Filter Service / Clean				
3.	Gas Burner Service				
4.	Chimney Service / Clean				
5.	Exhaust Fan Service				
6.	Fresh Air Blower Service				
7.	Fresh Air Grill Service / Clean	18			
8.	Drain Floor Tap Clean	02			
9.	S S Greace Tap Box Clean	06			
10.	Drain S S Chamber Clean				
11.					
12.					

# JAGANNATH ENTERPRISE

Manufacturing & Servicing of all type of Kitchen, refrigeration and bakery equipment  
32/1/14, ATHPUR MULAJOORE NATUN PARA, NEW CHORD ROAD, AUTHPUR,  
PIN-743128, NORTH 24 PARGANAS, WEST BENGAL

Sl. No. **95**

Mobile No. : 8697739690 E-mail : info.jagannathenterprise@gmail.com

GSTIN : 19ATGPJ3421R1Z8

## CALL ATTENDING REPORT

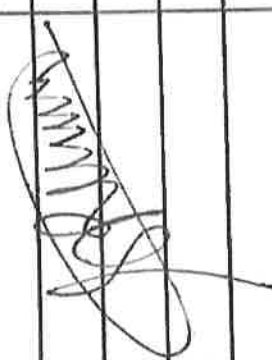
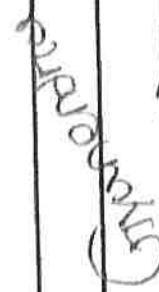
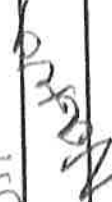
Date 15.04.24.

APRIL-2024

CLIENT NAME..... Travel Food Services Pvt. Ltd. (Bhubaneswar)

For the month of.....

ADDRESS..... New Domestic Terminal Building (TI), Biju Patnaik International Airport, Bhubaneswar, Odisha-751020

SL. NO.	NATURE OF WORK	QNTY.	SIGN. OF CHIEF	SIGN. OF KST.	SIGN. OF ENGG. DEPT.
1.	S. S. Hood Service / Clean				
2.	S. S. Filter Service / Clean				
3.	Gas Bumer Service				
4.	Chimney Service / Clean				
5.	Exhaust Fan Service				
6.	Fresh Air Blower Service				
7.	Fresh Air Grill Service / Clean	18			
8.	Drain Floor Tap Clean	2			
9.	S S Greace Tap Box Clean	6			
10.	Drain S S Chamber Clean				
11.					
12.					



Permit No : **592**

Additional Ref: LOTO No. \_\_\_\_\_

In Case of an Emergency Call - Helpline No. of RA team

### Type's of Work Permits

• General  • Height  • Electrical

Note: A. Height work permit shall be obtained, if any activity carried out at the height of 1.8 meter or above. B. General work permit shall be obtained by operator/ work executor if any high risk routine and non routine activities/jobs will be carried out at TFS occupied premises. C. Electrical work permit shall be obtained by operator/ work executor if any routine and non routine electrical activities/jobs will be carried out at TFS occupied premises. No Works shall be permitted without authorised signatory on work permit.

Region Name: T.F.S.B.B.S.R  
Location of the work: ALL OUT Let Main Kitchen, Veg Prep, Chow Area  
Nature of work Involved (Brief information should be furnished): DRIVE LINE CLYTING

Basic safety instructions to the Contractor team/ TFS team  
1. All works are being executed should have an approved work permit. 2. Prior to start activity/job Toolbox Talk shall be conducted. 3. Equipment's/material/tools and chemicals being used for proposed work needs to be evaluated by Permit Approver. 4. Necessary PPE's to be used while execution of work. 5. Report all the unsafe work conditions/ near- misses/accidents to your PTW Approver and RA team. 6. Any deviations found while execution of the work, QA & RA team is empowered to suspend the work. 7. The risks and hazards involved in the activity must be briefed to worker/technician/operator involved in the job.

Hazards associated in the General Work / Height Work / Electrical Work: (Tick here for Hazards relating to the task)  
 Material Fall from height  Fall of person from Height  Cut Hazard  Sharp Object  Electrical Hazard  Bio - Hazard  Exposure to dust  
 Fire Hazard  Hot surface/Heat  Lone Working  Rotating part of machine  Pressurized system  Chemical Hazard  Exposure to Noise  
 Any other please specify - \_\_\_\_\_

Control measures for the Hazard: (Tick here for action taken)

<b>Personal Protective Equipment :</b>	<b>Administrative Controls:</b>	<b>Engineering Controls:</b>
<input checked="" type="checkbox"/> Safety Goggles <input checked="" type="checkbox"/> Safety Shoe <input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Toolbox Talk <input type="checkbox"/> Barrication <input type="checkbox"/> Supervision	<input type="checkbox"/> Machine Guard <input type="checkbox"/> Standard Tools
<input type="checkbox"/> FRP Ladder <input checked="" type="checkbox"/> Heat Resistant Gloves	<input type="checkbox"/> Buddy System <input type="checkbox"/> Ladder Inspection	<input type="checkbox"/> ELCB/RCD <input type="checkbox"/> Electricity Isolation
<input checked="" type="checkbox"/> Safety Helmet <input checked="" type="checkbox"/> Insulated Gloves <input checked="" type="checkbox"/> Ear Plug	<input type="checkbox"/> PPE Inspection <input type="checkbox"/> Tools Inspection	<input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Lock Out & Tag Out
<input checked="" type="checkbox"/> Nose Mask <input type="checkbox"/> Fire Blanket <input checked="" type="checkbox"/> GUT Resistant Gloves	<input type="checkbox"/> Work Method Statement Submitted	<input type="checkbox"/> Monitoring through CCTV
<input type="checkbox"/> Any other please specify - _____	<input type="checkbox"/> Any other please specify - _____	<input type="checkbox"/> Any other please specify - _____

### PART - A : INITIATING PERMIT

**Declaration by the Permit Receiver**  
I have read and understood above mentioned safety instructions and the safety guidelines of the company and will ensure that all safety precautions marked/described in permit / safe work method statement will be in placed.

Name of the Work Permit Receiver Kalu Charana Nayak Receiver's Contact Number 977 665959 Signature

**Declaration by the Permit Approver**  
I have verified and ensured that all safety precautions are in place, hence I hereby give clearance to receiver for carrying out work as mentioned in PTW form. (I shall ensure that copy PTW is enclosed and submitted to RA team seeking their acknowledgement on PTW closure by the receiver.)

Name of the Work Permit Approver Gyanendra Nathu Approver's Contact Number 8658825334 Signature

**Acknowledged by RA Team**  
Name : Dabeshree Mahapatra Date: 28/01/2024  
Designation: RA Time: 21:00hr Signature Stamp  
Remarks: work permit ok

### PART - B : CLOSING OUT PERMIT

**Confirmation by the Permit Receiver**  
Name of the Work Permit Receiver Kalu Charana Nayak Signature

**Confirmation by the Permit Approver**  
Name of the Work Permit Approver Gyanendra Nathu Signature

**Acknowledged by RA Team**  
Name : Dabeshree Mahapatra Date: 29/1/2024  
Designation: RA Time: \_\_\_\_\_ Signature Stamp  
Remarks: work done

**Closing/Cancellation Remark (If any) OR Work Completion Status :**  
WORK DONE.



Permit No : **590** Additional Ref: LOTO No. \_\_\_\_\_ In Case of an Emergency Call - Helpline No. of RA team \_\_\_\_\_

**Type's of Work Permits**

• General  • Height  • Electrical   
 Note: A. Height work permit shall be obtained, if any activity carried out at the height of 1.8 meter or above. B. General work permit shall be obtained by operator/ work executor if any high risk routine and non routine activities/jobs will be carried out at TFS occupied premises. C. Electrical work permit shall be obtained by operator/ work executor if any routine and non routine electrical activities/jobs will be carried out at TFS occupied premises.  
 No Works shall be permitted without authorised signatory on work permit.

Region Name: **TFS BBSR**  
 Location of the work: **All out let main kitchen veg prep**  
 Nature of work involved (Brief information should be furnished): **Drainage line cleaning**

Basic safety instructions to the Contractor team/ TFS team  
 1. All works are being executed should have an approved work permit. 2. Prior to start activity/job Toolbox Talk shall be conducted. 3. Equipment's/material/tools and chemicals being used for proposed work needs to be evaluated by Permit Approver. 4. Necessary PPE's to be used while execution of work. 5. Report all the unsafe work conditions/ near- misses/accidents to your PTW Approver and RA team. 6. Any deviations found while execution of the work, QA & RA team is empowered to suspend the work. 7. The risks and hazards involved in the activity must be briefed to worker/technician/operator involved in the job.

Hazards associated in the General Work / Height Work / Electrical Work: (Tick here for Hazards relating to the task)  
 Material Fall from height  Fall of person from Height  Cut Hazard  Sharp Object  Electrical Hazard  Bio - Hazard  Exposure to dust  
 Fire Hazard  Hot surface/Heat  Lone Working  Rotating part of machine  Pressurized system  Chemical Hazard  Exposure to Noise  
 Any other please specify - \_\_\_\_\_

Control measures for the Hazard: (Tick here for action taken)

<b>Personal Protective Equipment :</b>	<b>Administrative Controls:</b>	<b>Engineering Controls:</b>
<input checked="" type="checkbox"/> Safety Goggles <input checked="" type="checkbox"/> Safety Shoe <input checked="" type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Toolbox Talk <input type="checkbox"/> Barrication <input type="checkbox"/> Supervision	<input type="checkbox"/> Machine Guard <input type="checkbox"/> Standard Tools
<input checked="" type="checkbox"/> FRP Ladder <input checked="" type="checkbox"/> Heat Resistant Gloves	<input type="checkbox"/> Buddy System <input type="checkbox"/> Ladder inspection	<input type="checkbox"/> ELCB/RCB <input type="checkbox"/> Electricity Isolation
<input checked="" type="checkbox"/> Safety Helmet <input checked="" type="checkbox"/> Insulated Gloves <input checked="" type="checkbox"/> Ear Plug	<input type="checkbox"/> PPE inspection <input type="checkbox"/> Tools inspection	<input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Lock Out & Tag Out
<input checked="" type="checkbox"/> Nose Mask <input type="checkbox"/> Fire Blanket <input type="checkbox"/> Cut Resistant Gloves	<input type="checkbox"/> Work Method Statement Submitted	<input type="checkbox"/> Monitoring through CCTV
<input type="checkbox"/> Any other please specify - _____	<input type="checkbox"/> Any other please specify - _____	<input type="checkbox"/> Any other please specify - _____

**PART - A : INITIATING PERMIT**

**Declaration by the Permit Receiver**  
 I have read and understood above mentioned safety instructions and the safety guidelines of the company and will ensure that all safety precautions marked/described in permit / safe work method statement will be in place.  
 Name of the Work Permit Receiver: **Kalu Charana Nayak** Receiver's Contact Number: **977-666 5959** Signature:

**Declaration by the Permit Approver**  
 I have verified and ensured that all safety precautions are in place, hence I hereby give clearance to receiver for carrying out work as mentioned in PTW form. (I shall ensure that copy PTW is enclosed and submitted to RA team seeking their acknowledgement on PTW closure by the receiver.)  
 Name of the Work Permit Approver: **Gyanendra Nastua** Approver's Contact Number: **8658825334** Signature: Date: **15/4/24**

**Acknowledged by RA Team**  
 Name: Designation: **RAO** Date: **15/4/24** Time: **20:08 hr** Signature & Stamp:

**PART - B : CLOSING OUT PERMIT**

**Confirmation by the Permit Receiver**  
 Name of the Work Permit Receiver: **Kalu Charana Nayak** Signature:

**Confirmation by the Permit Approver**  
 Name of the Work Permit Approver: **Gyanendra Nastua** Signature:

**Acknowledged by RA Team**  
 Name: **Subhrajit Nayak** Designation: **RAO** Date: **16/4/24** Time: \_\_\_\_\_ Signature & Stamp:

**Closing/Cancelation Remark (If any) OR Work Completion Status :**  
**Work done.**

Handwritten notes and signatures at the bottom of the page, including dates and names like 'Subhrajit Nayak' and 'Gyanendra Nastua'.