

**Wipro GE Healthcare Pvt. Ltd.**

INSTALLATION / DE INSTALLATION ACCEPTANCE REPORT  
(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)

IR NO: 0278



CUSTOMER NAME & ADDRESS: SHRE DEEPA TO BE UNIVERSITY  
SHRE BM PATIL MEDICAL COLLEGE & HOSPITAL  
ASHRAM ROAD,  
VISAYPURA, KARNATAKA

SYS ID / Serial No.: 083027823263019

SR No: 1-65044917A

FILE #

GON NO: 4732630

Modality: MRI

PIN: 586103

FAX No.

PHONE No. 9290055413

Customer Contact Name: Mr. Thimma Reddy

E Mail ID

Install Start Date: 15032019

Install End Date: 25032019

Sl. No.	Operational Critical Subsystems Accessories	Model No	Serial Number
1	1.5T LCC MAGNET ASSY	LCC	R11639
2	SYSTEM CABINET ASSY	5323286-199	009882TA2
3	HEAD NECK ARRAY COIL	5407991	001163WHJ
4	SPLIT HEAD COIL	2341973	001972WHF
5	EXP. Anterior Array coil	5407990	001039WHH
6	HD TR KNEE COIL	105257	50355
7	LARGE FLEX COIL	5430691	001559WHK
8	SMALL FLEX COIL	5430192	001441WHL
9	EXP. Posterior Array coil	5341886	002075WHT
10			

Sl. No.	NL Items	Model No	Serial Number	Make
1	RF ROOM	60kVA	DNO3SL400	EATON
2	URS	CSA-71A	86A18213G	SUMITOMO
3	SHIELD COOLER	RC045J038G	948323-10	LYTRON
4	Gradient Chiller	MCS769761	103971-07	LYTRON
5	Cabinet Chiller	10kVA	C12019069	CONSOUL
6	Step down Transformer			

\* Capture Additional Items in Annexure Sheet

The above equipment has been supplied as per your purchase order terms, conditions and specification. The warranty, as per terms and conditions, is installed and handedover in satisfactory working condition. And expires on 05/06/2020 As per PO

The Preventive maintenance services will be as per the manufacturer recommendation. We have obtained the PNDT and it will be displayed in our Clinic / Hospital

Signature: *[Signature]*

Field Engineer Name: S. SHRE KRISHNA PRABHU

Date: \_\_\_\_\_

Signature: *[Signature]*

Customer: RBOA & H.U.D.

Date: \_\_\_\_\_

Dept. of Radiology And Imaging

GEA's Shri B. M. Patil Medical College

Hospital And Research Centre

CIN No.: U33111KA1990PTC0160t

24 X 7 GE Call center for your service need : Toll Free No :1800 102-7750, 1800 425 8025 & 1800 425 7255 www.gehealthc.  
Regd. Off: No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India. Tel: 91-80-4180 1000 Fax: 91-80-2.

CUSTOMER COPY



**Wipro GE Healthcare Pvt. Ltd.**  
 INSTALLATION / DE INSTALLATION ACCEPTANCE REPORT  
 (ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)

MAIN SHEET

IR NO: 0279

CUSTOMER NAME & ADDRESS    SYS ID / Serial No.: 083049823263619    SR No: i-677362806

BLDE DEEMED TO BE UNIVERSITY,  
 SHRE B M PATIL MEDICAL COLLEGE & HOSPITAL,  
 ASHRAM ROAD,  
 VIJAYA PURA, KARNATAKA.    PIN 586103

PHONE No. 92900 55413    FAX No.    Modality AW

Customer Contact Name: Mr. Thimma Reddy

E Mail ID

Install Start Date 14032019    Install End Date 14032019

Sl. No.	Operational Critical Subsystems Accessories	Model No	Serial Number
1	AW 4.7 WORKSTATION with HP 2440	5723590-2	C7C 905BBW
2	2x LCD Monitors, Keyboard & Mouse		
3	Reposting Tool		
4	Volume Viewer		
5	Auto Launch		
6			
7			
8			
9			
10			

NL Items :				
Sl. No.	NL Items	Model No	Serial Number	Make
1				
2				
3				
4				
5				
6				

\* Capture Additional Items in Annexure Sheet  
 The above equipment has been supplied as per your purchase order terms, conditions and specifications. The same has been installed and handedover in satisfactory working condition. The warranty, as per terms and conditions, starts on

06 06 2019    And expires on 05 06 2020    As per PO

The Preventive Maintenance services will be as per the manufacturer recommendation.  
 Note: GE Healthcare does not support use of Ultrasound equipment for fetal sex determination.    We have obtained the PNDD and it will be displayed in our Clinic / Hospital

Signature: *[Signature]*    Tick Annexure for Additional Pages:  Annexure (Additional Addendum Page)

Field Engineer Name: S. SHRE KRISHNA PRASAD    Signature: *[Signature]*

Date:    Customer Name: PROF. & H.O.D.  
 Dept. of Radiology And Imaging  
 GEHA's Shri B. M. Patil Medical College  
 Hospital And Research Centre  
 CIN No. U3311KA1990PTC016063

Service Manager Name:    Date:    Seal

Remarks:

24 X 7 GE Call center for your service need : Toll Free No :1800 102-7750, 1800 425 8025 & 1800 425 7255 www.gehealthcare.co  
 Regd. Off: No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India. Tel: 91-80-4180 1000 Fax: 91-80-2845

CUSTOMER



# Wipro GE Healthcare Pvt. Ltd.

INSTALLATION / DE INSTALLATION ACCEPTANCE REPORT  
(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)

MAIN SHEET

IR NO: 0280

CUSTOMER NAME & ADDRESS	SYS ID / Serial No.: 0830278232639MM3	SR No:	1-650449174
BLDE DEEMED TO BE UNIVERSITY, SHRE B M PATIL MEDICAL COLLEGE & HOSPITAL, ASHRAM ROAD, VIJAYA PURA, KARNATAKA	FILE #		
	GON NO:	4732630	
	Modality	MM3	
PHONE No. 92900 55413	PIN 586103		
	FAX No.		

Customer Contact Name: Mr. Thimma Reddy

E Mail ID: \_\_\_\_\_

Install Start Date: 13032019      Install End Date: 13032019

Sl. No.	Product Description	Model No	Serial Number
	Operational Critical Subsystems Accessories		
1	Magnet Monitor 3-1 piece	2394952-100	ACJ1002124
2			
3			
4			
5			
6			
7			
8			
9			
10			

Sl. No.	NL Items	Model No	Serial Number	Make
1				
2				
3				
4				
5				
6				

\* Capture Additional Items in Annexure Sheet  
The above equipment has been supplied as per your purchase order terms, conditions and specifications. The same has been installed and handedover in satisfactory working condition. The warranty, as per terms and conditions, starts on.

The Preventive maintenance services will be as per the manufacturer recommendation. And expires on 05/06/2020 As per PO 06/06/2019

Signature: *[Signature]*  
Field Engineer Name: SHRE KRISHNA PRASAD  
Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Service Manager Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Remarks: \_\_\_\_\_

We have obtained the PNDT and it will be displayed in our Clinic / Hospital

Tick Annexure for Additional Pages:  
 Annexure (Additional Addendum Page)

Signature: *[Signature]*

Customer Name: **PROF. & H.O.D.**  
Date: \_\_\_\_\_  
Seal: **Dept. of Radiology And Imaging**  
**QDEA's Shri B. M. Patil Medical Center**  
**Hospital And Research Centre**  
CIN NO: 05311KA1990PTC16063



# Wipro GE Healthcare Pvt. Ltd.

(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)  
Regd. Off: No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India  
CIN No.: U33111KA1990PTC016063

SERVICE REPORT No.

51503

System I. D./Serial No. **083027823263019** SR No. **1-6504491741**  
 Name & Address **BLIDE SEEMED TO BE UNIVERSITY** File No. **SHRI BM PATIL MEDICAL COLLEGE**  
**ASARAM ROAD, VIJAYAPURA**  
**KARNATAKA - 586103** Call Received Date

Eqpt Description: **1.5T SIGNA EXPLORER**  
 On Visit Eqpt. Status  Fully Down  Partially Down  Running  N.  
 Entitlement - Install  Warranty  Contract  Billable  Others   
 Service Type - Corrective Repair  PM  HBS  FMI  Others   
 Role / Cust. e-mail:

Phone No.: **92900 55413**  
 Problem Description (IE/OLE Symptom): **Installation of 1.5T OPTIMA SIGNA EXPLORER**

Action Taken (Diagnosis & Troubleshooting): **Made new RF Room, and installed MR. Checked PORTS and powered ON. Ramped magnet to spec. Performed shim and other coils as per manual generated FIS and handled via clinical team.**

Testing Done & Calibration (Name of test and test result): **Performed the tests including SPT, EPT and other coils. M. Found all the tests are passed, performed few test scans with help of APPS team.**

Visual Condition (Site / Equipment) (If any observation at site capture the same): **Good**  
 Test Equipment Asset No. / SI. No.: **A114064** Calibration Due Date: **20-09-2019** ESD Band **1.0** mT (0.9-1.1 mT) **Pass**

Date	Time Tracker	Start Time	End Time	Equipment Status	FE Comments (if any) (Patient Impact)
25-03-2019	<input checked="" type="checkbox"/> Labour <input checked="" type="checkbox"/> Travel	9am	9pm		No patient scans done during installation
28-03-2019	<input checked="" type="checkbox"/> Labour <input checked="" type="checkbox"/> Travel	9am	9pm		
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				

Part No.	Description	Quantity	Equipment Running Time:					
			dd	mm	yy	hh	mm	

**What's New with GE**  
 Service Shop: A first of its kind e-commerce portal to order genuine parts & accessories online at transparent and GE assured prices.  
<https://services.gehealthcare.in>  
 For more info contact us at: 18001027750 or email: shop.service@ge.com

To avail 10% discount on your 1st c Service Shop, use coupon code: EAS

Customer Comments

Job Completed satisfactorily  Yes  No  
 FOR WIPRO GE HEALTHCARE PVT. LTD.  
 Seal \_\_\_\_\_ Name \_\_\_\_\_ Customer Signature: **S. SHRE KRISHNA PRABU** Engineer Name: \_\_\_\_\_

24 X 7 GE Call center for your service need: Toll Free No 1800 102 7750 & 1800 425 8025 www.gehealthcare.com/in  
 SMS INCOMING No.: 9223010101 E-mail ID: [gehealthcareservices@ge.com](mailto:gehealthcareservices@ge.com)  
**SHRI B. M. PATIL MEDICAL COLLEGE**  
**Hospital And Research Centre**  
**VIJAYAPUR - 586103**  
 CUSTOMER CC



# Wipro GE Healthcare Pvt. Ltd.

(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)  
Regd. Off: No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India  
CIN No.: U33111KA1990PTC016063

SERVICE REPORT No.

51504

System I. D./Serial No.	083049823263019	SR No.	1-677362806
Name & Address	File No.	Call Received Date	

Name & Address: **BLDE DEEMED TO BE UNIVERSITY**  
**SARE BM PATIL MEDICAL COLLEGE**  
**ASHRAM ROAD, VIJAYAPURA**  
**KARNATAKA - 586103**

Eqpt Description: **Advantage Workstation**

On Visit Eqp. Status:  Fully Down  Partially Down  Running

Entitlement - Install  Warranty  Contract  Billable  Others

Service Type - Corrective Repair  PM  HBS  FMI  Others

Phone No.: **92900 55413**

Role / Cust. e-mail:

Problem Description (FE/OLE Symptom): **Installation of AW 4.7**

Action Taken (Diagnosis & Troubleshooting): **Installed AW and loaded all options as per connected to other DICOM network devices.**

Testing Done & Calibration (Name of test and test result): **Checked and found all options are working Image transfer done successfully.**

Visual Condition (Site / Equipment) (If any observation at site capture the same): **Good**

Test Equipment Asset No. / SI. No.\*: **A1140064** Calibration Due Date: **20-09-2019** FSD Band **1.0** mN (0.9-1.1 mN) Pa:

Date	Time Tracker	Start Time	End Time	Equipment Status	FE Comments (if any) (Patient Impact)
14-03-2019	<input checked="" type="checkbox"/> Labour <input checked="" type="checkbox"/> Travel	9am	9pm		
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				

Part No.	Description	Quantity	Equipment Running Time :
			dd mm 9999 hh mm

**What's New with GE**

Service SHOP: A first of its kind e-commerce portal to order genuine parts & accessories online at transparent and GE assured prices.  
<https://services.gehealthcare.in>  
For more info contact us at 18001027750 or email: shop.service@ge.com

To avail 10% discount on your 1st Service Shop, use coupon code: EA

Customer Comments

Job Completed satisfactorily  Yes  No

Seal Name Customer Name: **DR. SURE KRISHNA PRASAD** Engineer Name: **[Signature]**

24 X 7 GE Call center for your service need: Toll Free No. **18001027750** & **1800 425 8025** www.gehealthcare.com/in  
SMS INCOMING No.: 9223010101 E-mail ID: **gehealthcare@wipro.com**  
**Hospital And Research Centre**  
**BIJAPUR - 586103**

CUSTOMER C



# Wipro GE Healthcare Pvt. Ltd.

(ISO 9001:2008 & ISO 13485 : 2003 Certified Service Organization)  
Regd. Off: No. 4, Kadugodi Industrial Area, Bangalore - 560 067, Karnataka, India  
CIN No. : U33111KA1990PTC016063

SERVICE REPORT N

51505

System I. D./ Serial No.	0830278232630MM3	SR No.	1-65044917
Name & Address	File No.	Call Received Date	

BLDE DEEMED TO BE UNIVERS  
SHRE B M PATIL MEDICAL COLLEGE,  
ASHAM ROAD, VIJAYAPUR  
KARNATAKA - 586103

Eqpt Description: **MAGNET MONITOR**

On Visit Eqp. Status  Fully Down  Partially Down  Running

Entitlement - Install  Warranty  Contract  Billable  Others

Service Type - Corrective Repair  PM  HBS  FMI  Others

Phone No.: **92900 55413**

Role / Cust. e-mail:

Problem Description (FE/OLE Symptom): **Installation of Magnet Monitor 3**

Action Taken (Diagnosis & Troubleshooting): **Installed MM3 and connected with cryogen system.**

Testing Done & Calibration (Name of test and test result): **BB connected. Observed and found magnet pressure getting max. Data uploading successfully.**

Visual Condition (Site / Equipment) (If any observation at site capture the same): **Good**

Test Equipment Asset No. / SI. No.\*: **41400064** Calibration Due Date: **25-07-2019** SD Band: **1.0** mT (0.9-1.1 mT)

Date	Time Tracker	Start Time	End Time	Equipment Status	FE Comments (if any) (Patient Impact)
3-03-2019	<input checked="" type="checkbox"/> Labour <input checked="" type="checkbox"/> Travel	9am	9pm		
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				
	<input type="checkbox"/> Labour <input type="checkbox"/> Travel				

Part No.	Description	Quantity	Equipment Running Time :
			dd: min: 9999 hr: min:

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<https://services.gehealthcare.in>  
For more info contact us at: 18001027750 or email: shop.service@ge.com

**What's New with GE**  
To avail 10% discount on your 1st o Service Shop, use coupon code: EAS

Customer Comments

Job Completed satisfactorily  Yes  No

Seal: \_\_\_\_\_ Name: \_\_\_\_\_ Customer Signature: **SHRE KRISHNA PRADU** Engineer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**B.L.D.E.(DU)**  
SHRI.B.M.PATIL MEDICAL COLLEGE HOSPITAL & R.C., VIJAYAPUR - 586103  
**DEPARTMENT OF RADIOLOGY & IMAGING**

Date: 25/03/2019

To  
The Medical Superintendent,  
BLDE (DU) Shri B.M.P.MCH & RC.,  
Vijayapura - 03

**Report on "MRI Training"**

Respected Sir,

"GE Healthcare" has organized a "15 days" training program/workshop at "Department of Radiology and Imaging", BLDE (DU), Shri.B.M.Patil Medical College Hospital and Research centre on 'Date' 26.03.2019 to 10.04.2019. The training was for "GE Signa Exploree 1.5 Tesla", its operation and maintenance. This was attended by faculty, postgraduates and lab technicians.

The program was supervised by HOD/faculty incharge name –  
Dr. Shivanand V Patil

Training Date: 26.03.2019 to 10.04.2019 Time: 10.00 am to 11.00am		Training Date: 26.03.2019 to 10.04.2019 Time: 11.15 am to 12.15pm
<b>3<sup>rd</sup> yr PG's</b>	<b>2<sup>ND</sup> yr PG's</b>	<b>MRI Technicians</b>
Shabarish	Manasa	Prakash
Mohit	Amruth	A S Indi
Prakriti	Harish	S V Kulkarni
Arjun	Nagabhavani	S S Hiremath

Thanking you,  
Yours Sincerely



HOD,  
Dept of Radiology

**Prof. & HOD**  
Department of Radiology & Imaging  
BLDE (Deemed to be University)  
Shri B.M.Patil Medical College,  
Hospital & Research Centre,  
Vijayapur-586103.

**B.L.D.E.(DU)**

SHRI.B.M.PATIL MEDICAL COLLEGE HOSPITAL & R.C., VIJAYAPUR - 586103

**DEPARTMENT OF RADIOLOGY & IMAGING**

Date: 25/03/2019

To  
The Medical Superintendent,  
BLDE (DU) Shri BMPMCH & RC.,  
Vijayapura - 03

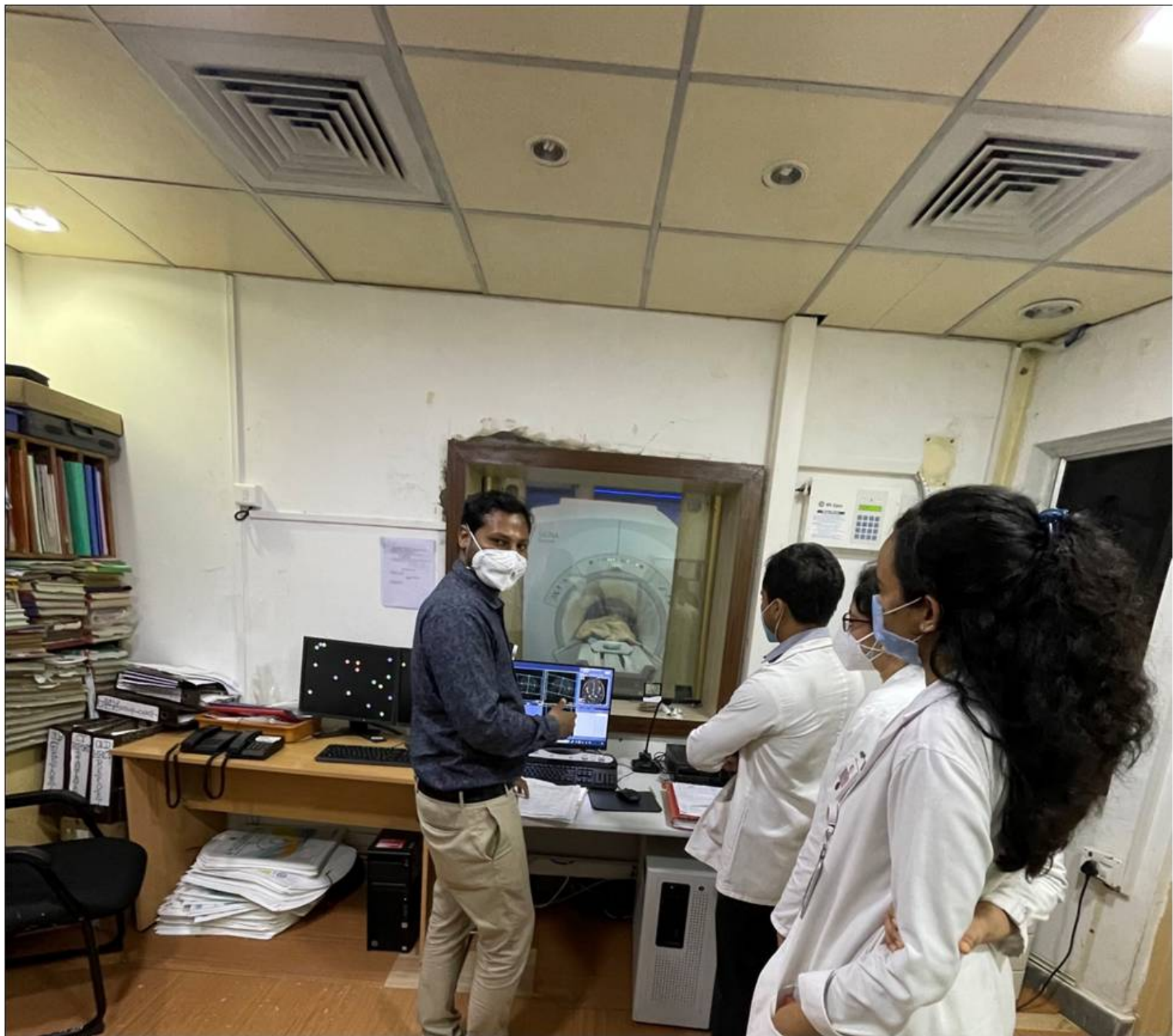
Respected sir,

Sub: The MRI Training Attendance,

NAME OF THE TRAINING PROGRAM	MRI TRAINING
DATE	26.03.2019 to 10.04.2019
TRAINER/S	DR. S V PATIL & DR.RAVIKUMAR
VENUE	DEPARTMENT OR RADIOLOGY
TIME	10.00am to 11.00am
SIGNATURE OF TRAINER	

Sl No	Name of the Employee	PG'sNo	Signature
	<b>Final year PG's</b>		
1	Dr.Mohit.R.L	18BMRAD003	
2	Dr.Prakriti.R.Patil	18BMRAD002	
3	Dr.Shabarish.D.V	18BMRAD001	
4	Dr.Arjun K	18BMRAD004	
	<b>Second year PG's</b>		
1	Dr.P.NagaBhavani	19BMRAD004	
2	Dr.Harish.N	19BMRAD002	
3	Dr.K. V.Manasa	19BMRAD003	
4	Dr.Amruth. V.C	19BMRAD001	
	<b>MRI Technicians</b>		
1	Prakash		
2	A S Indi		
3	S V Kulkarni		
4	S S Hiremath		







**PHILIPS****PHILIPS INDIA LIMITED  
Installation Completion Form**

Customer Name:	Shri B.M Patil Medical College, Hospital Bijapur
Address:	BLDE Deemed University, Shri B.M Patil Medical College, Hospital, Bijapur.
City, Province/State, Postal/Zip Code:	Vijayapura (Bijapur) /Karnataka
Telephone No:	+91-9844088287
Email ID	drhonnutagi@gmail.com
Sales Order Number:	6600468091
Quotation/RFP/Tender Number:	ISC009397 - 14
Product Description:	Philips Azurion 7 M20
Product Model Number:	722079
Serial Number:	000000000000703347
SWO No.	52210405
Invoice No.	1070003370, 1070003371, 1070003372

The equipment defined in the above order has been installed and certified by Philips to be performing in substantial compliance with Philips' published specifications. The installation process is complete as defined below and any minor deficiencies are also noted below. The system is Available for First Patient Use. Philips will remain responsible for any undelivered contractually agreed to items listed below.

**Installation Completion**


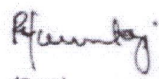
The system listed above has been installed at customer's designated location, plus electronically and mechanically tested for operation. The system is now available for first patient use.

Customer acknowledges the warranty period for the products listed above begins on **04-12-2020** & ends on **03-12-2023**

System available for patient use: **04-12-2020**

Customer Representative:

04 December 2020

	(Print Name)	(Title)	(Signature)	(Date)
Philips Representative:	Anuj Misra	PM/ ILE		04 December 2020
		(Print Name)	(Title)	(Signature)
				
				(Date)
				Medical Superintendent
				BLDE (Deemed to be University)
				Shri B. M. Patil Medical College
				Hospital & R.C., VIJAYAPUR-586103.

**Additional Order Information:**

System is installed and available for first patient use except for the contractually committed functionality listed below:

Undelivered products or services:


## Report on Cath lab

Philips has organized a 2 days training program/ workshop at Department of cardiology BLDE (DU) Shri B.M.Patil Medical College Hospital and Research Centre on 04.12.2020 the Training was for **Philips Azurion 7 M20**, its Operation and Maintenance. This was attended by 04 Faculty, Technician, and Postgraduates.

This Program was supervised by **Dr. Sanjeev L.Sajjanar** (Interventional Cardiologist)

Attachments :



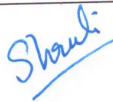
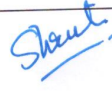
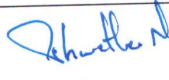
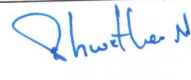
- 1) Attendance
- 2) Photographs

  
(Dr. Sanjeev L. Sajjanar)

## ATTENDENCE SHEET

Philips Azurion 7 M20 TRAINING/WORKSHOP

**Department: Cardiology (Cath Lab)**

SL NO	NAME	DESIGNATION	SIGNATURE	
			04.12.2020	05.12.2020
01	DR.MADIVALSWAMY DHAVALAGIMATH	CARDIOLOGIST		
02	DR. SHRUTI HIREMATH	POST GRADUATE STUDENT		
03	DR.SWETHA N	POST GRADUATE STUDENT		
04	SAGAR S.KASE	TECHNICIAN	