14, DD Main Rd, opp. Agarwal Eye Hospital, 1st street, Arappalayam, Madurai-625016 Cell: 77089 66134 Email: info@kudilagam.com www.kudilagam.com | GST UUHSIOIO5788



Ouotation issued for:

Mr./Ms. GUHAN,

City: Pudukkottai Mob: 6383571197

Mail: guhanb1308@gmail.com

Invoice Number : KA0008

Invoice Date: 02-02-2024

Valid Till: 03-03-2024

1. VELCRO FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	50 x 50in	1	17	45	765
			17	TOTAL	765







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2. CLASSIC WINDOW FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	50 x 50in	1	17	240	4,080
			17	TOTAL	4,080







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3. GLOSSY ROLL FIT - INNER



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	50 x 50in	1	17	350	5,950
			17	TOTAL	5,950



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Valid Till: 03-03-2024

4. CREASE FIT DITTO - SINGLE



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	50 x 50in	1	17	410	6,970
			17	TOTAL	6,970



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5. TRIM GLIDE FIT (SLIDING)



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	50 x 50in	1	17	670	11,390
			17	TOTAL	11,390







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