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: Madurai Mob: 6383571197

Mail: guhanb1308@gmail.com

Invoice Number: KA0026

Invoice Date: 08-02-2024

Valid Till: 09-03-2024

### 1. VELCRO FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	10 x 10in	1	1	45	45
			1	TOTAL	45







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# 2. CLASSIC WINDOW FIT



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	10 x 10in	1	1	240	240
			1	TOTAL	240







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# 3. GLOSSY ROLL FIT - INNER



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	10 x 10in	1	1	350	350
			1	TOTAL	350



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## 4. CREASE FIT DITTO - SINGLE



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	10 x 10in	1	1	410	410
			1	TOTAL	410



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# 5. TRIM GLIDE FIT (SLIDING)



Room	Size (wxh)	Qty	Total Sq.	Rate sq.ft	Total
Hall	10 x 10in	1	1	670	670
			1	TOTAL	670







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