

## TARUN ENTERPRISES

**Terms of Payments:** 

H.O.: 8/8, Strachy Road, Allahabad -211001, U.P. India

Phone: +91 532 6590204

B.O.: A96/1, Second Floor, Phase II, Mayapuri Industrial Area

New Delhi-110064, Ph.; 011-47070362 e-mail: info@optitecheyecare.com

## Quotation / Performa Invoice

Q00316

Exporter: TARUN ENTERPRISES	<b>Quotation No:</b> Q00316	<b>Quotation Date:</b> 04-06-2019	
H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com	Issued From: Allahabad	Currency: INR	
GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008	Insurance:	Generated by: Sales	
Customer(Bill to): Prema Netra Chikitsalaya Near Fatima Hospital Mau, Mau, Uttar Pradesh 275101, India Mobile: 9935297559, 9935297559 Dr Dr. P. K. Madhesiya	Consingee(Ship to): Prema Netra Chikitsalaya Near Fatima Hospital Mau, Mau, Uttar Pradesh 275101, India Mobile: 9935297559, 9935297559 Dr Dr. P. K. Madhesiya		

## Terms of Delivery: Terms & Conditions:

Sl No	Product Description	HSN	Qty	Unit	Rate	Disc(Per Unit)	Net Amount
1	GREY SERIES 3.2MM PHACO SLIT   OPHTHALMIC MICROSURGICAL KNIVES  GREY SERIES 3.2MM PHACO SLIT Box of 10	90185090	20	Boxes	450.0000	0.0000	9000.00
	₹ 9000.00						
Freight Charges							₹ 300.00
GST @ 12%							₹ 1116.00
Grand Total							₹ 10416.00

Thank you for your interest in our range of equipment / supplies. We with pleasure offer the quotation as above for your kind consideration. We shall be happy to answer any of your questions in this regard. Banking details are as below. Please note, all banking charges shall be paid by the buyer.

Remit to:

**Payment:** 100% T/T(wire)

**Bank Details for:** (INR)

Beneficiary's Name: Tarun Enterprises
Account No.: 13172020001243
Bank Name: HDFC Bank Ltd. (Rupee)

Bank Address: 18-AS.P. Marg, Civil Lines, Allahabad 211001, UP, India

**IFSC Code:** HDFC0000226