

TARUN ENTERPRISES

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

Phone: +91 8176080204

e-mail: info@optitecheyecare.com, info@ophthalmic.in

GSTIN: 09ACBPJ0823B1ZA

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

Order In Process

Q2021220235 / O2021220247

Exporter: TARUN ENTERPRISES H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008			Order No: 02021220247 Issued From: Allahabad			Order Date: April, 21, 2021 Currency: INR	
			Customer(Bill to): Vineeta Hospital Pvt. Ltd. Phaphamau, Prayagraj, Uttar Pradesh, India Mobile: 8299436856 Dr Vineeta Hospital Pvt. Ltd. Terms of Delivery:			Consingee(Ship to): Vineeta Hospital Pvt. Ltd. Phaphamau, Prayagraj, Uttar Pradesh, India Mobile: 8299436856 Dr Vineeta Hospital Pvt. Ltd. Terms of Payments:	
	s & Conditions:		Terms or	i ayments.	•		
Special instruction:							
S.N.	Product Description	HSN-GST	Qty	Unit	Rate	Discount/Unit	Net Amount
1	Size M Latex EGP Latex Examination Gloves Powdered Size M pack of 50.	4015 12 %	40	Pkt	392.8571	102.6786	11607.14
	Net Tota						₹ 11607.14
Freight Charges						₹ 0.00	
	GST @ 12%						₹ 1392.86
GST @ 18%							0.00
Grand Total							₹ 13000.00

Greetings!

Thank you for your valued order. Same is under process. We request you to please check all the details as above and arrange payment as per banking details below. In case you wish to use online payment, please use our payment gateway at our website www.optitecheyecare.com/payment.php.

Remit to:

Payment: 100% T/T(wire) **Bank Details for:** (INR)

Beneficiary's Name :Tarun EnterprisesAccount No. :13172020001243Bank Name :HDFC Bank Ltd. (Rupee)IFSC Code :HDFC0000226

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

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

This is a computer-generated document. No signature is required.