

## 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

Quotation / Performa Invoice

**Q2021220252**

<b>Exporter:</b> <b>TARUN ENTERPRISES</b> 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				<b>Quotation No:</b> Q2021220252				<b>Quotation Date:</b> April, 22, 2021	
				<b>Issued From:</b> Allahabad				<b>Currency:</b> INR	
				<b>Insurance:</b> Party account				<b>Sales Person:</b> Manoj Pandey	
<b>Customer(Bill to):</b> <b>Srisahith Enterprise(opc)private Limited</b> 39ramanuja Kooda Street Chinnapuliampatti Aruppukottai, Tamil Nadu 626101, India Mobile: 77085 92597 Email: iolindia20@gmail.com Mr Raj GST No.: 33ABECS0728F1ZO Drug Licence no.: TN-13-20B-00158,TN-13-21B-00158				<b>Consingee(Ship to):</b> <b>Srisahith Enterprise(opc)private Limited</b> 39ramanuja Kooda Street Chinnapuliampatti Aruppukottai, Tamil Nadu 626101, India Mobile: 77085 92597 Email: iolindia20@gmail.com Mr Raj GST No.: 33ABECS0728F1ZO Drug Licence no.: TN-13-20B-00158,TN-13-21B-00158					
<b>Terms of Delivery:</b> By courier				<b>Terms of Payments:</b> 100% advance					
<b>Terms &amp; Conditions:</b>									
<b>Special instruction:</b>									
<b>Sl No</b>	<b>Product Description</b>	<b>HSN-GST</b>	<b>MRP</b>	<b>Qty</b>	<b>Unit</b>	<b>Rate</b>	<b>Discount/Unit</b>	<b>Net Amount</b>	
1	<b>Opti Fl 10%  </b> Ophthalmic Solution   Fluorescein Sodium Injection 10%   box of 10 ampules of 5 ml each.	30063000 12 %	850.00	200	Boxes	758.93	272.32	97321.43	
<b>Net Total</b>								₹ 97321.43	
<b>Freight Charges</b>								₹ 3000	
<b>GST @ 12%</b>								₹ 11678.57	
<b>GST @ 18%</b>								540	
<b>Grand Total</b>								<b>₹ 112540</b>	

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.

Remit to:

**Payment :** 100% T/T(wire)  
**Beneficiary's Name :** Tarun Enterprises  
**Bank Name :** HDFC Bank Ltd. (Rupee)  
**Bank Address :** 18-AS.P. Marg, Civil Lines, Allahabad 211001, UP, India

**Bank Details for :** (INR)  
**Account No. :** 13172020001243  
**IFSC Code :** HDFC0000226

**Bank remittance charge shall be paid by payer(buyer)**

Quotation / Performa Invoice

**Q2021220252**

For Tarun Enterprises

Note - This quotation is valid up to 06-06-2021 | Document created by - order

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