

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 Q-01735 / O-01434

Exporter: TARUN ENTERPRISES	Order No: O-01434	Order Date: March, 04, 2020					
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: Order Processing					
Customer(Bill to): Control Samples 8/8 STRACHY RAOD .	Consingee(Ship to): Control Samples 8/8 STRACHY RAOD	Control Samples					
. ALLAHABAD, Allahabad, Uttar Pradesh 211001, India Mobile: 9335154556 Email: production@optitecheyecare.com Dr Control Samples	211001, India Mobile: 9335154556	Mobile: 9335154556 Email: production@optitecheyecare.com					
Terms of Delivery:	Terms of Payments:						
Terms & Conditions: for sample							

Special instruction:

S.N.	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
	Z SERIES 2.4MM DOUBLE BEVELLED UP STRAIGHT OPHTHALMIC MICROSURGICAL KNIVES Z SERIES 2.4MM DOUBLE BEVELLED UP STRAIGHT Box of 10	90185090	1	Boxes	758.9286	758.9286	0.00
2	Z SERIES 2.4MM DOUBLE BEVELLED UP ANGLED OPHTHALMIC MICROSURGICAL KNIVES Z SERIES 2.4MM DOUBLE BEVELLED UP ANGLED Box of 10	90185090	1	Boxes	0.0000	0.0000	0.00
Net Total							₹ 0.00
Freight Charges							₹ 0.00
GST @ 12%							₹ 0.00
Grand Total							₹ 0.00

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:

100% T/T(wire) **Bank Details for:** Payment: (INR) **Beneficiary's Name:** testing Account No.: 1234567 Bank Name: test bank **IFSC Code:** dkfjjfjf **Bank Address:** alld

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises



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Order Processing Team

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