

TARUN ENTERPRISES

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

Phone: +91 532 6590204

Quotation No:

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

Quotation Date:

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

Quotation / Performa Invoice

Q00665

TARUN ENTERPRISES B.O. A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064. Phone: +91 1147070362 Email: delhi@optitecheyecare.com GST No: 07ACBPJ0823B1ZE			`	Q00665		22-08-2019	22-08-2019	
			Iss	sued Fro	om:	Currency: INR	,	
			In	Insurance: Generated by: Delhi				
Customer(Bill to): Dr Shroff Charity Eye Hospital. 5027 Kedarnath Road Daraganj New Delhi, Delhi 110002, India Mobile: 011-43524444 Dr Sirs / Madam Terms of Delivery: Terms & Conditions:				Consingee(Ship to): Dr Shroff Charity Eye Hospital. 5027 Kedarnath Road Daraganj New Delhi, Delhi 110002, India Mobile: 011-43524444 Dr Sirs / Madam Terms of Payments:				
Specia	al instruction:							
Sl No	Product Description	HSN	Qty	Unit	Rate	Disc(Per Unit)	Net Amount	
1	7" HD Video Magnifier Low Vision Device 7" video magnifier complete with standard fitments.	90185090	1	Pcs	65000.0000	11050.0000	53950.00	
						Net Total	₹ 53950.00	
Freight Charges							₹ 0.00	
GST @ 12%							₹ 6474.00	
Grand Total							₹ 60424.00	

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:

Exporter:

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