

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

Q2021220385

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				Quotation No: Q2021220385			Quotation Date: May, 13, 2021		
				Issued From: Allahabad			Currency: INR		
				Insurance:			Sales Person: Tarun Jaggi		
Customer(Bill to): Siddhividdya Traders A1 First Floor Municipal Market Eye Hospital Road Sitapur, Uttar Pradesh 261001, India Mobile: 8707073449 Email: siddhividdyatraders@gmail.com Mr Rishi GST No.: 09AFZPB310N2Z2				Consingee(Ship to): Siddhividdya Traders A1 First Floor Municipal Market Eye Hospital Road Sitapur, Uttar Pradesh 261001, India Mobile: 8707073449 Email: siddhividdyatraders@gmail.com Mr Rishi GST No.: 09AFZPB310N2Z2					
Terms of Delivery:				Terms of Payments: advance					
Terms & Conditions:									
Special instruction:									
Sl No	Product Description	HSN-GST	MRP	Qty	Unit	Rate	Discount/Unit	Net Amount	
1	Size M-100 Latex EGP Latex Examination Gloves Powdered Size M Pack of 100.	4015 12 %	1050.00	20	Pkt	937.5	187.5	15000	
Net Total								₹ 15000	
Freight Charges								₹ 200	
GST @ 12%								₹ 1800	
GST @ 18%								36	
Grand Total								₹ 17036	

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. (USD)

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)

For Tarun Enterprises

Quotation / Performa Invoice

Q2021220385

Note - This quotation is valid up to 27-06-2021 | Document created by - admin

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