

TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone: +91 8176080204

e-mail: delhi@optitecheyecare.com

GSTIN: 07ACBPJ0823B1ZE

Quotation / Performa Invoice

Q2020212402

Exporter:	Quotation No:	Quotation Date:	
TARUN ENTERPRISES	Q2020212402	February, 03, 2021	
B.O. A96/1, Second Floor Phase II, Mayapuri Industrial Area New			
Delhi - 110064.	Issued From:	Currency: INR	
Phone: +91 1147070362	Delhi		
Email: delhi@optitecheyecare.com	Insurance:	Sales Person:	
GST No: 07ACBPJ0823B1ZE	insurance:	Delhi	
		Delili	

Customer(Bill to): Icare Eye Hospital

E-3a Sector 26noida-, Noida, Uttar Pradesh

201301, India Mobile: 9911516964

Email: yogeshwari@icarehospital.org

Dr Yogeshwari Bansal

Consingee(Ship to): Icare Eye Hospital

E-3a Sector 26noida-, Noida, Uttar Pradesh

201301, India Mobile: 9911516964

Email: yogeshwari@icarehospital.org

Dr Yogeshwari Bansal

Terms of Payments:

Terms of Delivery: Terms & Conditions:

Special instruction:

	-							
Sl No	Product Description	HSN-GST	MRP	Qty	Unit	Rate	Discount/Unit	Net Amount
	Retiwave 1000 Ophthalmic Scan Retiwave 1000 B Scan with standard fitments.	90185000 12 %	446800.00	1	Pcs	398928.57	23928.57	375000
2	OD 1 AP Ophthalmic Biometer + Pachymeter model ODI-1AP complete wtih A-Scan, Pachymeter, battery, charger, foot switch and immersion cup.	90185090 12 %	235000.00	1	Pcs	209821.43	75892.86	133928.57
Net Total								₹ 508928.57
Freight Charges								₹0
GST @ 12%								₹ 61071.43
GST @ 18%							0	
Grand Total								₹ 570000

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) 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



TARUN ENTERPRISES

B.O.: A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064, INDIA Phone : +91 8176080204

e-mail: delhi@optitecheyecare.com GSTIN: 07ACBPJ0823B1ZE

Quotation / Performa Invoice

Q2020212402

Note - This quotation is valid up to 20-03-2021 | Document created by - delhi This is a computer-generated document. No signature is required.