

## 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

**Q2021222071**

<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> Q2021222071			<b>Quotation Date:</b> January, 27, 2022		
				<b>Issued From:</b> Allahabad			<b>Currency:</b> INR		
				<b>Insurance:</b>			<b>Sales Person:</b> Chandresh Singh		
<b>Customer(Bill to):</b> <b>Truviz Ophthalmic</b> Plot # 1/19 Ungaranahalli (vilage & Post) Cllector Office Via , Dharmapuri, Tamil Nadu 636705, India Mobile: 9940898155 Email: ssssc1978@gmail.com Mr Perumal GST No.: 33AXIPR1152P1Z4				<b>Consingee(Ship to):</b> <b>Truviz Ophthalmic</b> Plot # 1/19 Ungaranahalli (vilage & Post) Cllector Office Via , Dharmapuri, Tamil Nadu 636705, India Mobile: 9940898155 Email: ssssc1978@gmail.com Mr Perumal GST No.: 33AXIPR1152P1Z4					
<b>Terms of Delivery:</b>				<b>Terms of Payments:</b> 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>SCH 100 Box -Domestic</b>   Schirmer Tear Test Ophthalmic strip SCH 100   Box of 100 Strips	90185090 12 %	224.00	100	Boxes	200	44.64	15535.71	
2	<b>FL100 (DOM)</b>   Fluorescein Sodium Ophthalmic strip 1mg USP   box of 100 strips.	30049099 12 %	252.00	200	Boxes	225	59.82	33035.71	
<b>Net Total</b>								₹ 48571.42	
<b>Freight Charges</b>								₹ 600	
<b>GST @ 12%</b>								₹ 5828.57	
<b>GST @ 18%</b>								108	
<b>Grand Total</b>								₹ 55107.99	

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

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For Tarun Enterprises

Note - This quotation is valid up to 13-03-2022 | Document created by - order

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