

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

Ouotation No:

Allahabad

Insurance:

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

INR

Ouotation Date:

Sales Person:

Tarun Jaggi

Quotation / Performa Invoice

Q2021221981

	Q2021221981	January, 14, 2022	
H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204	Issued From:	Currency:	
Filone: +91 552 6590204			

Email: info@optitecheyecare.com GST No: 09ACBPJ0823B1ZA

Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388

Dt. 06.05.2008

Exporter:

Customer(Bill to): **Consingee(Ship to):** Krishna Healthcare Krishna Healthcare A 87/5 2nd Floor A 87/5 2nd Floor Wazirpur Industrial Area

Delhi

110052, India Mobile: 9810137368

Email: sumittal2000@yahoo.com, sumit@krishnahealthcare.com

Mr Mittal Ji

Wazirpur Industrial Area

CUSTOMER ACCOUNT

Delhi

110052, India Mobile: 9810137368

Email: sumittal2000@yahoo.com, sumit@krishnahealthcare.com

Mr Mittal Ji

Terms of Delivery: 4 to 6 WEEKS Terms of Payments: 100% ADVANCE

Terms & Conditions: FREIGHT COST AS PER ACTUAL

Special instruction: CHWC RE 79 due 24/01/2022

Sl No	Product Description	HSN-GST	MRP	Qty	Unit	Rate	Discount/Unit	Net Amount
1	Hyal 14 Hyal 14 \ Sodium Hyaluronate Ophthalmic Solution With 23G Single use Cannula	30067000 12 %	1050.00	1	Pcs	937.5	281.25	656.25
							Net Total	₹ 656.25
	Freight Charges							₹0
	GST @ 12% GST @ 18%							
Grand T								₹ 735

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 Enterprises 13172020001243 Account No.: Bank Name: HDFC Bank Ltd. (Rupee) **IFSC Code:** HDFC0000226

18-AS.P. Marg, Civil Lines, Allahabad 211001, UP, India **Bank Address:**

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises



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Note - This quotation is valid up to $28-02-2022 \mid$ Document created by - Production This is a computer-generated document. No signature is required.