

## 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

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

## Quotation / Performa Invoice

Q00539

₹ 696.43

₹ 6500.00

**Quotation Date:** 

**GST @ 12%** 

**Grand Total** 

TARUN ENTERPRISES		Q005	39		29-07-2019		
H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com		<b>Issue</b> Allaha	d From: abad		Currency: INR		
GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008		Insur	rance:		Generated by: Chandresh Singh		
Customer(Bill to): Drushti Eye Care Sudip Complex Opposite Bus Stand Amalner Amalner, Maharashtra, Maharashtra 425401, India Mobile: 8551078766 Email: dr.kaustubhthakur@gmail.com Dr Kaustubh Thakur			Consingee(Ship to): Drushti Eye Care Sudip Complex Opposite Bus Stand Amalner Amalner, Maharashtra, Maharashtra 425401, India Mobile: 8551078766 Email: dr.kaustubhthakur@gmail.com Dr Kaustubh Thakur				
Terms of Delivery:			Terms of Payments:				
Terms & Conditions:							
Special instruction:							
Sl No Product Description	HSN	Qty	Unit	Rate	Disc(Per Unit)	Net Amount	
1 Lensometer Dot & Cross DLM-10   Lensometer Dot & Cross DLM-10	90185090	1	Pcs	5803.5714	0.0000	5803.57	
					Net Total	₹ 5803.57	
Freight Charges						₹ 0.00	

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