

## 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

**Q2020212367**

<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> Q2020212367			<b>Quotation Date:</b> January, 30, 2021		
				<b>Issued From:</b> Allahabad			<b>Currency:</b> INR		
				<b>Insurance:</b> party account			<b>Sales Person:</b> Order Processing		
<b>Customer(Bill to):</b> <b>Eyekenz Healthcare Pvt. Ltd.</b> No. 42 & 43 -121 1st Floor S L N Building Somashettyhalli Chikkabanavara Post Bangalore, Karnataka 560090, India Mobile: 9663326703 Email: sanjeev@eyekenz.com Mr Sanjeev Kumar GST No.: 29AAFCE9252J1Z6 Drug Licence no.: 20B-KA-B12-192155 / 21B-KA-B12-192156				<b>Consingee(Ship to):</b> <b>Eyekenz Healthcare Pvt. Ltd.</b> No. 42 & 43 -121 1st Floor S L N Building Somashettyhalli Chikkabanavara Post Bangalore, Karnataka 560090, India Mobile: 9663326703 Email: sanjeev@eyekenz.com Mr Sanjeev Kumar GST No.: 29AAFCE9252J1Z6 Drug Licence no.: 20B-KA-B12-192155 / 21B-KA-B12-192156					
<b>Terms of Delivery:</b> party pickup				<b>Terms of Payments:</b> advance					
<b>Terms &amp; Conditions:</b>									
<b>Special instruction:</b>									
SI No	Product Description	HSN-GST	MRP	Qty	Unit	Rate	Discount/Unit	Net Amount	
1	Clear Visc 3 ml Pfs   Ophthalmic Solution   Clear Visc 3 ml Pfs   Hydroxypropyl Methyle Cellulose Solution	30067000 12 %	105.00	1000	Boxes	93.75	50.63	43125	
2	Tissue Blue 1ml vial (Domestic)   Tissue Blue 1 ml vial   Box of 5	30049099 12 %	295.00	150	Boxes	263.39	165.39	14700	
Net Total								₹ 57825	
Freight Charges								₹ 0	
GST @ 12%								₹ 6939	
GST @ 18%								0	
Grand Total								₹ 64764	

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 :** Standard Chartered Bank (Rupee)

**Bank Address :** Hotel UR Complex, 7/3 A/1 MG Marg, Civil Lines, Allahabad 211001, UP, India

**Bank Details for :** (INR)

**Account No. :** 62505001845

**IFSC Code :** SCBL0036044

Quotation / Performa Invoice

**Q2020212367**

**Bank remittance charge shall be paid by payer(buyer)**

For Tarun Enterprises

Note - This quotation is valid up to 16-03-2021 | Document created by - domestic  
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