

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

Order In Process

Q2021220445 / O2021220456

| Exporter: | Order No: | Order Date: | | | | | |
|--|-----------------------------|----------------------------------|--|--|--|--|--|
| TARUN ENTERPRISES | O2021220456 | May, 25, 2021 | | | | | |
| 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 | Issued From: Allahabad | Currency: INR | | | | | |
| | Insurance: Party Account | Generated by: Chandresh Singh | | | | | |
| Customer(Bill to): | Consingee(Ship to): | | | | | | |
| S.k.gulati | S.k.gulati | | | | | | |
| 28. Laxmi Vihar Apartments | 28. Laxmi Vihar Apartments | | | | | | |
| Block - H 3 Bodella | Block - H 3 Bodella | | | | | | |
| Vikaspuri, New Delhi, Delhi | Vikaspuri, New Delhi, Delhi | | | | | | |
| 110018, India | 110018, India | | | | | | |
| Mobile: 7500738368 | Mobile: 7500738368 | | | | | | |
| Mr S.k.gulati | Mr S.k.gulati | | | | | | |
| Terms of Delivery: By Courier | Terms of Payments: Advance | | | | | | |
| Terms & Conditions: Order against Phone Call | | | | | | | |

| Special instruction: | | | | | | | | | |
|----------------------|---|--------------|-----|------|----------|---------------|------------|--|--|
| S.N. | Product Description | HSN-GST | Qty | Unit | Rate | Discount/Unit | Net Amount | | |
| | HandSIL V -500 ml Handsil-V 500 ml Hand Rub Chlorexidine Gluconate & Ethyl Alcohol Solution | 3004 12 % | 10 | Pcs | 223.2143 | 44.6429 | 1785.71 | | |
| Net Total | | | | | | | | | |
| Freight Charges | | | | | | | | | |
| GST @ 12% | | | | | | | | | |
| GST @ 18% | | | | | | | | | |
| Grand Total | | | | | | | | | |

Greetings!

Thank you for your valued order. Same is under process. We request you to please check all the details as above and arrange payment as per banking details below. In case you wish to use online payment, please use our payment gateway at our website $\underline{www.optitecheyecare.com/payment.php} \; .$

Remit to:

Payment: 100% T/T(wire) **Bank Details for:** (INR)

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

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

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Order Processing Team

This is a computer-generated document. No signature is required.