

## Quotation / Performa Invoice

**Q73**

<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> Q73	<b>Quotation Date:</b> April, 15, 2019					
	<b>Issued From:</b> Allahabad	<b>Currency:</b> INR					
	<b>Insurance:</b>	<b>Sales Person:</b> Manoj Pandey					
<b>Customer(Bill to):</b> <b>Neeraj Eye Hospital</b> Sco 226 Sec- 36d Near Post Office Chandigadh, Chandigadh, Punjab 160036, India Mobile: 9455676541 Dr Neeraj Sood	<b>Consingee(Ship to):</b> <b>Neeraj Eye Hospital</b> Sco 226 Sec- 36d Near Post Office Chandigadh, Chandigadh, Punjab 160036, India Mobile: 9455676541 Dr Neeraj Sood						
<b>Terms of Delivery:</b> ASAP	<b>Terms of Payments:</b>						
<b>Terms &amp; Conditions:</b>							
<b>Special instruction:</b>							
<b>Sl No</b>	<b>Product Description</b>	<b>HSN-GST</b>	<b>Qty</b>	<b>Unit</b>	<b>Rate</b>	<b>Discount/Unit</b>	<b>Net Amount</b>
1	<b>Near Vision Chart</b>   Near Vision Chart	90185090 12 %	2	Pcs	491.07	0	982.14
<b>Net Total</b>							₹ 982.14
<b>Freight Charges</b>							₹ 50
<b>GST @ 12%</b>							₹ 123.86
<b>Grand Total</b>							₹ 1156

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:

**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

For Tarun Enterprises

Note - This quotation is valid up to 30-05-2019 | Document created by - admin

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