

## Quotation / Performa Invoice

**Q1424**

<b>Exporter:</b> <b>TARUN ENTERPRISES</b> B.O. A96/1, Second Floor Phase II, Mayapuri Industrial Area New Delhi - 110064. Phone: +91 1147070362 Email: delhi@optitecheyecare.com GST No: 07ACBPJ0823B1ZE	<b>Quotation No:</b> Q1424		<b>Quotation Date:</b> January, 22, 2020					
	<b>Issued From:</b> Delhi		<b>Currency:</b> INR					
	<b>Insurance:</b>		<b>Sales Person:</b> Sanchit Puri					
<b>Customer(Bill to):</b> <b>Dr Shroff Charity Eye Hospital.</b> 5027 Kedarnath Road Daraganj New Delhi, Delhi 110002, India Mobile: 011-43524444 Dr Sirs / Madam	<b>Consingee(Ship to):</b> <b>Dr Shroff Charity Eye Hospital.</b> 5027 Kedarnath Road Daraganj New Delhi, Delhi 110002, India Mobile: 011-43524444 Dr Sirs / Madam							
<b>Terms of Delivery:</b>		<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>MRP</b>	<b>Qty</b>	<b>Unit</b>	<b>Rate</b>	<b>Discount/Unit</b>	<b>Net Amount</b>
1	4.3 inch   Low Vision Device, 4.3" video magnifier with standard fitments.	90185090 12 %	19500.00	1	Pcs	17410.71	5223.21	12187.5
Net Total								₹ 12187.5
Freight Charges								₹ 0
GST @ 12%								₹ 1462.5
Grand Total								₹ 13650

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 :** 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

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

For Tarun Enterprises

Note - This quotation is valid up to 07-03-2020 | Document created by - delhi  
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