

## **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

**Quotation No:** 

Drug Licence No. ALLD/5/21B/385, ALLD/5/20B/388 Dt. 06.05.2008

**Quotation Date:** 

### Quotation / Performa Invoice

Exporter:

Q2020212262

TARUN ENTERPRISES	Q2020212262	January, 14, 2021			
H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com	<b>Issued From:</b> Allahabad	Currency: INR			
GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008	Insurance: Sales Person: Manoj Pandey				
Customer(Bill to): Dr. Umesh Aharwar 80 Kailash Residency Galla Mandi Road Near Bus Stand Jhansi, Uttar Pradesh 284001, India Mobile: 9415032121, 9415032121 Dr Shubha Rani	Consingee(Ship to): Dr. Umesh Aharwar 80 Kailash Residency Galla Mandi Road Near Bus Stand Jhansi, Uttar Pradesh 284001, India Mobile: 9415032121, 96 Dr Shubha Rani	Dr. Umesh Aharwar 80 Kailash Residency Galla Mandi Road Near Bus Stand Jhansi, Uttar Pradesh 284001, India Mobile: 9415032121, 9415032121			
Terms of Delivery:		<b>Terms of Payments:</b> 10% advance as token amount for order confirmation,90% Installation time.			

#### Terms & Conditions: Quotation

#### **Special instruction:**

o <sub>P</sub> o	openiu monucion.								
Sl No	Product Description	HSN-GST	MRP	Qty	Unit	Rate	Discount/Unit	Net Amount	
1	R Classic   Refraction Unit model R Classic : complete with standard fitments and Doctors Stool.	94021090 18 %	108000.00	1	Pcs	91525.42	4576.27	86949.15	
2	R 500   Refraction Unit model R 500: complete with standard fitment and Doctor's stool.	94021090 18 %	80000.00	1	Pcs	67796.61	3389.83	64406.78	
3	R Optica   Refraction Unit model R Optica: complete with standard fitment and Doctor's stool.	94021090 18 %	88500.00	1	Pcs	75000	3750	71250	
Net Total								₹ 222605.93	
Freight Charges								₹0	
GST @ 18%								₹ 40069.07	
Grand Total								₹ 262675	

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) **Bank Details for:** (INR)

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

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



# **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

Q2020212262

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises

Note - This quotation is valid up to 28-02-2021 | Document created by - order This is a computer-generated document. No signature is required.