

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

Q-01049 / O-00874

| Exporter: | Order No: Order Date: | | | | | | |
|--|-----------------------------|---|--|--|--|--|--|
| TARUN ENTERPRISES | O-00874 November, 19, 2019 | | | | | | |
| 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 | Issued From: Allahabad | Currency: INR | | | | | |
| | Insurance: Party account | Generated by: Chandresh Singh | | | | | |
| Dt. 06.05.2008 | raity account | Chandresh Shigh | | | | | |
| Customer(Bill to): | Consingee(Ship to): | | | | | | |
| Grewal Eye Institute | Grewal Eye Institute | | | | | | |
| Sco 168 - 169 | Sco 168 - 169 | | | | | | |
| Sector 9c | Sector 9c | | | | | | |
| Chandigarh, Chandigarh | Chandigarh, Chandigarh | | | | | | |
| 160017, India | 160017, India | | | | | | |
| Email: billing@gei.co.in | Email: billing@gei.co.in | | | | | | |
| Dr S. P. S. Grewal | Dr S. P. S. Grewal | | | | | | |
| Terms of Delivery: with in 7 working days Terms of Payments: 7 Days | | | | | | | |
| Terms & Conditions: Against Purchase order # 1002737 Dated 12-11-2019 | | | | | | | |

| Special instruction: | | | | | | | | |
|----------------------|---|------|-----|------|---------|---------------|------------|--|
| S.N. | Product Description | HSN | Qty | Unit | Rate | Discount/Unit | Net Amount | |
| 1 | OG 102 Disposable Gown Model OG 102 50 gsm with 48" width and 62" length. | 5603 | 500 | Pcs | 71.0000 | 0.0000 | 35500.00 | |
| Net Total | | | | | | | ₹ 35500.00 | |
| Freight Charges | | | | | | | ₹ 750.00 | |
| GST @ 12% | | | | | | | ₹ 4350.00 | |
| Grand Total | | | | | | | ₹ 40600.00 | |

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 www.optitecheyecare.com/payment.php .

Remit to:

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

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