

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-01174 / O-00976

Exporter: TARUN ENTERPRISES	Order No: O-00976	Order Date: December, 10, 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 Dt. 06.05.2008	Issued From: Allahabad	Currency: INR	
	Insurance:	Generated by: Manoj Pandey	
Customer(Bill to): Umaprem Netralay Eye Hospital N6/13 E-1-2 Indira Nagar Colony Extension-2 Chitaipur, Varanasi, Uttar Pradesh	Consingee(Ship to): Umaprem Netralay Eye Hospital N6/13 E-1-2 Indira Nagar Colony Extension-2 Chitaipur, Varanasi, Uttar Pradesh		

221005, India Mobile: 9454717085

Dr Arun Kumar Gupta Terms of Delivery:

221005, India Mobile: 9454717085 Dr Arun Kumar Gupta **Terms of Payments:**

Terms & Conditions

Terms & Conditions:									
Special instruction:									
S.N.	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount		
1	TS 1080 Trolley Sheet Model TS 1080 SMS material with overall size 100 x 80 cms with corners.	90185090	2	Pcs	0.0000	0.0000	0.00		
2	PK01 Patient kit Modle no. PK01	90185090	1	Pcs	89.2857	89.2857	0.00		
Net Total							₹ 0.00		
Freight Charges							₹ 0.00		
GST @ 12%						₹ 0.00			
Grand Total						₹ 0.00			

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)

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

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

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.