

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

Order No:

02020210002

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

Order In Process

Exporter:

Q2020210094 / O2020210092 Order Date:

April 16 2020

TARUN ENTERPRISES	O2020210092 April, 16, 2020						
H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA Phone: +91 532 6590204 Email: info@optitecheyecare.com	Issued From: Allahabad	Currency: INR					
GST No: 09ACBPJ0823B1ZA Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Dt. 06.05.2008	Insurance:	Generated by: Tarun Jaggi					
Customer(Bill to):	Consingee(Ship to):						
Dr. Krithika N	Dr. Krithika N						
604, C Block, 6th Floor	604, C Block, 6th Floor						
Mahaveer Tranquil Apartment	Mahaveer Tranquil Apartment						
Nallurhalli	Nallurhalli						
Bangalore 560066	Bangalore 560066						
Karnataka	Karnataka						
India	India						
Mob-8884653276	Mob-8884653276						
Bangalore, Bangalore, Karnataka	Bangalore, Bangalore, Karnataka						
560066, India	560066, India						
Mobile: 8884653276	Mobile: 8884653276						
Email: drkrithikanagaraj@gmail.com	Email: drkrithikanagaraj@gmail.com						
Dr Krithika N	Dr Krithika N						
Terms of Delivery:	Terms of Payments:						
Terms & Conditions:							
C . 1 ODECIAL OFFER C							

Special instruction: SPECIAL OFFER, free postage / freight

S.N.	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
1	Protective Kit 1 Protective Kit - 1, complete with shoe cover NW, surgeons cap NW, Face mask 3 ply with filter, hand gloves, surgeons gown OG 102 (packed separately) with wet wipe.	90185090	1	Pcs	178.5714	0.0000	178.57
	Net Total						
Freight Charges							₹ 0.00
	GST @ 12%						
Grand Total							₹ 200.00

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:

 $\textbf{Payment:} \hspace{1.5cm} 100\% \text{ T/T(wire)} \hspace{1.5cm} \textbf{Bank Details for:} \hspace{1.5cm} (INR)$

Beneficiary's Name :Tarun EnterprisesAccount No. :62505001845Bank Name :Standard Chartered Bank (Rupee)IFSC Code :SCBL0036044Bank Address :Hotel UR Complex, 7/3 A/1 MG Marg, Civil Lines, Allahabad 211001, UP, India

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises



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Order Processing Team

This is a computer-generated document. No signature is required.