

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

Q2021220761

| Exporter: | Quotation No: | Quotation Date: | | |
|---|---------------|-----------------|--|--|
| TARUN ENTERPRISES | Q2021220761 | July, 12, 2021 | | |
| H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA | | | | |
| Filolie: +91 332 0390204 | | Currency: | | |
| Email: info@optitecheyecare.com | Allahabad | USD | | |
| ST No: 09ACBPJ0823B1ZA | Incurance | Sales Person: | | |
| Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 | Insurance: | | | |
| Dt. 06.05.2008 | | Tarun Jaggi | | |

Customer(Bill to):

Med'c Tibbi Malzeme Ozel Saglik Hizmetleri Ticaret Ve Sanayi Limited Sirketi.

Reyhan Mahallesifevzi Cakmak Caddesi

Suya Is Hani Kat:2 No:22/201 Osmangazi / Bursa / Turkey Postcode: 16050, Turkey Email: railya@live.com

Miss Railya

Consingee(Ship to):

Med'c Tibbi Malzeme Ozel Saglik Hizmetleri Ticaret Ve Sanayi Limited Sirketi.

Reyhan Mahallesifevzi Cakmak Caddesi

Suya Is Hani Kat:2 No:22/ 201 Osmangazi / Bursa / Turkey Postcode: 16050, Turkey Email: railya@live.com

Miss Railya

Terms of Delivery: Terms of Payments: advance

Terms & Conditions:

Special instruction:

| Special instruction: | | | | | | | | |
|----------------------|--|----------|------|-------|------|---------------|------------|--|
| Sl No | | HSN | Qty | | | Discount/Unit | Net Amount | |
| 1 | SCH 100 Box Schirmer Tear Test Ophthalmic strip SCH 100 box of 100 strip. | 90185090 | 800 | Boxes | 5.15 | 0 | 4120 | |
| 2 | Iris Retractor Ophthalmic Disposable Device Iris Retractor 5 retractors in a box. | 90185090 | 3000 | Boxes | 6 | 0 | 18000 | |
| 3 | Capsule Hook Ophthalmic Disposable Device Capsule Hook 5 in a box. | 90185090 | 500 | Boxes | 9 | 0 | 4500 | |
| Net Total | | | | | | \$ 26620 | | |
| Freight Charges | | | | | | \$ 1100 | | |
| Grand Total | | | | | | \$ 27720 | | |

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:** (USD)

Beneficiary's Name :Tarun EnterprisesAccount No. :111963700000179Bank Name :Yes Bank Limited (USD)SWIFT Code :YESBINBBDEL

Bank Address: Yes Bank Limited, 17/15/1 Maharishi Dayanand Marg, Thornhill Road, Civil Lines, Allahabad 211001, UP,

India

Bank remittance charge shall be paid by payer(buyer)

For Tarun Enterprises



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

Q2021220761

Note - This quotation is valid up to 26-08-2021 \mid Document created by - admin This is a computer-generated document. No signature is required.