

TARUN ENTERPRISES

Uniremedy Health Service Pvt. Ltd.

Mobile: 9560839652, 9560839652

GST No.: 09AACCU4198G1ZZ

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

Rawatpur Near Prayagraj Airport, Prayagraj, Uttar Pradesh

Order In Process Q-00957 / O-00800

Exporter: Order Date: Order No: O-00800 November, 05, 2019 TARUN ENTERPRISES H.O.: 8/8 Strachy Road, Allahabad - 211001, UP. INDIA **Issued From: Currency:** Phone: +91 532 6590204 Allahabad INR Email: info@optitecheyecare.com GST No: 09ACBPJ0823B1ZA Generated by: Insurance: Drug Licence: ALLD/5/21B/385,ALLD/5/20B/388 Party Account Chandresh Singh Dt. 06.05.2008 Consingee(Ship to):

211012, India

Dr Sikha Yadav

Customer(Bill to):

Uniremedy Health Service Pvt. Ltd.

Rawatpur Near Prayagraj Airport, Prayagraj, Uttar Pradesh

211012, India

Mobile: 9560839652, 9560839652

Dr Sikha Yadav

GST No.: 09AACCU4198G1ZZ

Drug Licence no.: UP70200000403, UP70210000403

Drug Licence no.: UP70200000403, UP70210000403 Terms of Payments: Nill Terms of Delivery: By Hand

Terms & Conditions: Samples

Special instruction: Samples for approval

Special instruction: Samples for approval							
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	1		135.0000	135.0000	0.00
2	PK01 Patient kit Modle no. PK01	90185090	1	Pcs	89.2857	89.2857	0.00
3	BS 101 Bed Sheet+ Pillow Cover BS 101	90185090	1		100.0000	100.0000	0.00
4	SHOE COVER BLUE (NON WOVEN)24 GSM SHOE COVER BLUE (NON WOVEN) 24 GSM	90185090	2		5.0000	5.0000	0.00
5	Surgeon's Cap Surgeon's Cap With Elastic Full line	62103090	2	Pcs	9.5238	9.5238	0.00
	Net To						₹ 0.00
Freight Charges							₹ 0.00
GST @ 0%						₹ 0.00	
GST @ 5% GST @ 12% Grand Total							₹ 0.00
							₹ 0.00
							₹ 0.00

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:

Bank Details for: Payment: 100% T/T(wire) (INR) Beneficiary's Name: testing Account No.: 1234567 Bank Name: test bank IFSC Code: dkfjifjf Bank Address: alld

Bank remittance charge shall be paid by payer(buyer)



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For Tarun Enterprises

Order Processing Team

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