

## 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-01094 / O-00894

Exporter: TARUN ENTERPRISES	Order No: O-00894	Order Date: November, 23, 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:			
	Insurance: party account	Generated by: Chandresh Singh			
Customer(Bill to):	Consingee(Ship to):				
Mahatma Eye Hospital pvt. ltd.	Mahatma Eye Hospital pvt. ltd.				
Mahatma Eye Hospital	Mahatma Eye Hospital				
6 Seshapuram Tennur Tiruchirappalli	6 Seshapuram Tennur Tiruchirappalli				
Trichy 620017,	Trichy 620017,				
Tamil Nadu, India	Tamil Nadu, India				
Mobile: 8667582180	Mobile: 8667582180				
Email: prisananth@gmail.com	Email: prisananth@gmail.com				
Dr Prisananth	Dr Prisananth				
Terms of Delivery: stock ready	Terms of Payments: advance				

Terms & Conditions: againest PO no. 1380 dt 22/11/19

**Special instruction:** 

S.N.	Product Description	HSN	Qty	Unit	Rate	Discount/Unit	Net Amount
	Capsule Hook   Ophthalmic Disposable Device   Capsule Hook   5 in a box.	90185090	5	Boxes	680.3571	0.0000	3401.79
Net Total						₹ 3401.79	
Freight Charges						₹ 0.00	
GST @ 12%						₹ 408.21	
Grand Total							₹ 3810.00

## 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.