

Employee Name - M G ARVIND

Employee Contact - 9895244114

Company Name - NOVARTIS HEALTHCARE PVT LTD

Date - 23-Apr-2026

Dear M G ARVIND,

With reference to your request number UID No 21042612023944. { 29-Apr-2026 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

DELIVERY DATE	29-Apr-2026	DELIVERY TIME	13:00:00
MEETING GUEST COUNT - VEG	5	MEETING GUEST COUNT - NON VEG	25
MEETING VENUE	ESI HOSPITAL	MEETING CITY	THIRUVANANTHAPURAM
MEETING SUBJECT	face to face	SEATING STYLE	CLUSTER

THE CENTRAL RESIDENCY	GUEST COUNT / UNIT	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BUSINESS LUNCH BOX - FOOD	30	1050.00	52.50	1102.00	33075.00
BANQUET		0	0	0	0
COLLAR MIKE	1	1000.00	180	1180	1180.00
CORDLESS HAND MIKE	1	1000.00	180	1180	1180.00
LAPTOP WITH MOUSE	1	2500.00	450	2950	2950.00
LCD MULTIMEDIA PROJECTOR	1	4500.00	810	5310	5310.00
SMALL PA SYSTEM	1	3500.00	630	4130	4130.00
NET TOTAL					47825.00
AGENCY MANAGEMENT CHARGES					3826.00
TOTAL BILLING					51651.00
GST(18%)					9297.00
TOTAL GROSS BILLING					60948.00

Kindly note that the quotation provided is for budgetary purposes only. The final invoice will be based on actual consumption and the confirmed guest count.

In the meantime, we request you to please do update the Shopping cart OR Purchase Order No on Hotel-Meeting Requisition Request.

Should you have any questions or need further clarification, please feel free to reach out **Mr Sanchit 9930902119 / Ms Priyanka 9096860622** , will be happy to assist for any further queries.

Thank you for your continuous support and cooperation