

Employee Name - NITISH TRIPATHI

Employee Contact - 8826694521

Company Name - NOVARTIS HEALTHCARE PVT LTD

Date - 21-Sep-2025

Dear NITISH TRIPATHI,

With reference to your request number UID No 12092515433071. { 17-Sep-2025 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

DELIVERY DATE	17-Sep-2025	DELIVERY TIME	13:00:00
MEETING GUEST COUNT - VEG	30	MEETING GUEST COUNT - NON VEG	0
MEETING VENUE	SRI AUROBINDO INSTITUTE OF MEDICAL SCIENCES	MEETING CITY	INDORE
MEETING SUBJECT	Indore Spoke at Mohak Hospital 17 Sept 2025	SEATING STYLE	CLUSTER

SHREEMAYA RESTAURANT	GUEST COUNT / UNIT	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BUSINESS LUNCH BOX - FOOD	30	490.00	24.50	514.00	15435.00
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	3500.00	630	4130	4130.00
PORTABLE SCREEN	1	1000.00	180	1180	1180.00
SMALL PA SYSTEM	1	3500.00	630	4130	4130.00
NET TOTAL					30185.00
AGENCY MANAGEMENT CHARGES					2415.00
TOTAL BILLING					32600.00
GST(18%)					5868.00
TOTAL GROSS BILLING					38468.00

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