

**Employee Name - MOHAMMED FAZIL T**

**Employee Contact - 7358337405**

**Company Name - NOVARTIS HEALTHCARE PVT LTD**

**Date - 12-Jan-2026**

Dear MOHAMMED FAZIL T,

With reference to your request number UID No 28122522199176. { 08-Jan-2026 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

DELIVERY DATE	08-Jan-2026	DELIVERY TIME	09:00:00
MEETING GUEST COUNT - VEG	0	MEETING GUEST COUNT - NON VEG	30
MEETING VENUE	CHRISTIAN MEDICAL COLLEGE VELLORE	MEETING CITY	VELLORE
MEETING SUBJECT	NOVARTIS MEETING	SEATING STYLE	CLUSTER

VELLORE GOOD SAMARITAN WELFARE SOCIETY	GUEST COUNT / UNIT	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BREAKFAST BOX - FOOD	30	350.00	17.50	368.00	11025.00
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	2500.00	450	2950	2950.00
PORTABLE SCREEN	1	1000.00	180	1180	1180.00
SLIDE CHANGER	1	1000.00	180	1180	1180.00
SMALL PA SYSTEM	1	2500.00	450	2950	2950.00
NET TOTAL					24595.00
AGENCY MANAGEMENT CHARGES					1968.00
TOTAL BILLING					26563.00
GST(18%)					4781.00
TOTAL GROSS BILLING					31344.00

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