

Employee Name - KUNAL UPADHYAY

Employee Contact - 9009790901

Company Name - NOVARTIS HEALTHCARE PVT LTD

Date - 12-Jan-2026

Dear KUNAL UPADHYAY,

With reference to your request number UID No 30122512383563. { 17-Jan-2026 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

DELIVERY DATE	17-Jan-2026	DELIVERY TIME	13:00:00
MEETING GUEST COUNT - VEG	20	MEETING GUEST COUNT - NON VEG	0
MEETING VENUE	CHL Hospitals 114	MEETING CITY	INDORE
MEETING SUBJECT	f2f meeting	SEATING STYLE	CLUSTER

Note: The minimum guarantee guest count is **18**.

SHREEMAYA RESTAURANT	GUEST COUNT / UNIT	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BUSINESS LUNCH BOX - FOOD	20	550.00	99.00	649.00	12980.00
BANQUET		0	0	0	0
LCD MULTIMEDIA PROJECTOR	1	4000.00	720	4720	4720.00
NET TOTAL					17700.00
AGENCY MANAGEMENT CHARGES					1416.00
TOTAL BILLING					19116.00
GST(18%)					3441.00
TOTAL GROSS BILLING					22557.00

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