

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