

**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 16042611407270. { 28-Apr-2026 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

|                       |                 |                           |                    |
|-----------------------|-----------------|---------------------------|--------------------|
| Meeting Category      | HOTEL MEETING   | Meeting City              | THIRUVANANTHAPURAM |
| Meeting Guest Count   | 25              | Cvent No                  | D8N8NJ48WCB        |
| Meeting Type          | Business Dinner | Meeting Subject           | FACE TO FACE       |
| Meeting Seating Style | CLUSTER         | Meeting Final Tax Invoice | Bill Value         |

|                       |       |
|-----------------------|-------|
| THE CENTRAL RESIDENCY | 79701 |
|-----------------------|-------|

| HOTEL MEETING (MIN 0 pax guarantee) |          | THE CENTRAL RESIDENCY |        |                            |                          |
|-------------------------------------|----------|-----------------------|--------|----------------------------|--------------------------|
| ELEMENTS                            | QUANTITY | PER PERSON UNIT COST  | GST    | TOTAL PER PERSON UNIT COST | TOTAL COST INCLUDING GST |
| BUSINESS DINNER                     | 25.00    | 1900.00               | 342.00 | 2242.00                    | 56050.00                 |
| BANQUET                             |          | 0.00                  | 0.00   | 0.00                       | 0.00                     |
| COLLAR MIKE                         | 1.00     | 750.00                | 135.00 | 885.00                     | 885.00                   |
| CORDLESS HAND MIKE                  | 1.00     | 750.00                | 135.00 | 885.00                     | 885.00                   |
| LAPTOP WITH MOUSE                   | 1.00     | 1000.00               | 180.00 | 1180.00                    | 1180.00                  |
| LCD MULTIMEDIA PROJECTOR            | 1.00     | 1500.00               | 270.00 | 1770.00                    | 1770.00                  |
| PORTABLE SCREEN                     | 1.00     | 500.00                | 90.00  | 590.00                     | 590.00                   |
| SMALL PA SYSTEM                     | 1.00     | 1000.00               | 180.00 | 1180.00                    | 1180.00                  |
| NET TOTAL                           |          | <b>62540.00</b>       |        |                            |                          |
| AGENCY MANAGEMENT CHARGES           |          | 5003.00               |        |                            |                          |
| TOTAL BILLING                       |          | <b>67543.00</b>       |        |                            |                          |
| GST(18%)                            |          | 12158.00              |        |                            |                          |

|                     |          |
|---------------------|----------|
| TOTAL GROSS BILLING | 79701.00 |
|---------------------|----------|

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