

## CALIBRATION QUOTATION



**Sunshine Biomedical Solutions**  
No:68, First Floor, Poomagal Main Road, Ekkatuthangal,  
Chennai, Tamil Nadu 600032  
**E-Mail:** sales1.sunshine2013@gmail.com  
**Web:** www.sunshinebiomedical.com  
**GSTIN:** 33BABPK7432A1ZC, **PAN:** BABPK7432A

**To,**  
**The Medical Officer (Pudupettai)**  
Community Health Centre, Pudupettai, Kallakurichi, 606402  
**GSTIN :**  
**Phone No :** 9789770067

Order No : **CALQ/0734/23-24**  
Date : **30/09/2023**  
Reference No : **CALQ/0734/23-24**  
Reference Date : **30/09/2023**

Dear Sir ,

**Sub** : Quotation for your Enquiry - reg  
**Kind Attn** : We are pleased to offer our lowest prices for the following products as requested by you.

S.NO	Part Code	Equipment Name	Parameter	HSN	QTY	RATE	VALUE
1	CAL-001	Semi Auto Analyzer Calibration Charges	Electrical safety test	9987	1.00	350.00	350.00
2	CAL-002	Centrifuge Calibration Charges	Rpm test	9987	1.00	370.00	370.00
3	CAL-003	Micro pipette Calibration Charges	Volume test	9987	3.00	400.00	1,200.00
<b>TOTAL</b>					<b>5.00</b>		<b>1,920.00</b>

**Terms and conditions :**

Payment 100% in advance  
Order Should Be placed in Favour of Sunshine Biomedical Solution  
Work Should Within Two Weeks From The Date Of Order Confirmation  
GST as Extra to be paid  
Quote Valid Till 30 Days

<b>CGST</b>	9.00 %	172.80
<b>SGST</b>	9.00 %	172.80
<b>Round Off</b>	0.00 %	0.40

**Net Amount (in Words) : INR TWO THOUSAND TWO HUNDRED SIXTY-SIX ONLY**

**Net Amount ₹ 2,266.00**

**Remarks :**

**Bank Details**

Bank Name and Branch : Axis Bank and 11 th Avenue Ashok Nagar  
Account No : 919030011610953  
IFSC Code : UTIB0003334

For **Sunshine Biomedical Solutions**

Authorized Signatory